

## Application for Residential Services

### *Office use only*

Date Rec'd:

Time Rec'd:

**Please print or type**

Date:

Applicant's Name:

Last, First, Middle

Date of birth:

Gender (*OPTIONAL*)

Male

Female

Non-Binary

Social Security#

Citizenship

Medicaid#

Phone:

Address:

City/State/Zip:

Is Any Household Member Enrolled in an institute of Higher Education?

Yes

No

Please list all the other states applicant has resided in:

Is Any Household Member A Registered Lifetime Sex Offender in Any State?

Yes

No

Are you or your co-applicant contending eligible immigration status?

Yes

No

If yes. Social Security Numbers need to be disclosed for all applicants.

Name

SSN#

If you were 62 or older on 1/31/2010 and don't have a Social Security Number, were you receiving HUD rental assistance at another location on 1/31/2010?

Yes

No

### Current Living Situation (check):

Family

Domiciliary Home for Developmental Disabled Adults

Foster Home

Currently Occupying HUD Assisted Unit

ICF/IDD-C Home

Other:

Legal Guardian's Name:

Relationship/Title:

Phone:

Email address (**required**):

Case Manager's Name:

Agency:

Phone:

Email Address (**required**):



**Family Information:****Father's Name:**

Address:

City/State/Zip:

Email Address(**required**):

Phone:

Work Phone:

**Mother's Name:**

Address:

City/State/Zip:

Email Address (**required**):

Phone:

Work Phone:

**Applicant's Condition (s) (check all that apply):**

Intellectual Developmental Disability (IDD) (degree of impairment):

Autism

Cerebral Palsy

Epilepsy

Learning Disability

Visual and/of Hearing Impairment (degree of impairment):

Physically aggressive towards others (explain):

Self-injurious behaviors (explain):

**Adaptive Protective Equipment Needed (e.g., furniture, wheelchair, crutches, etc.)****Education, Training, and Employment History (list last school or program first:**

- |    |       |     |
|----|-------|-----|
| 1. | From: | To: |
| 2. | From: | To: |
| 3. | From: | To: |

**Financial Support (list monthly amount received in each category as appropriate:**

Family:

Trust:

Eligible for Medicaid:

Social Security:

Job:

SSI:

Other:

Eligible for Waiver Services:

**Services That You Are Applying For (check all that apply):**

ICF/IDD-C Home (24-hour awake staff who provide medical and behavioral support)

Domiciliary (home type of environment, but without 24-hour awake staff)

Apartment (independent living with minimal support)

How did you hear about our services (i.e., Case Mgr., website, ad, etc.)?

Contact Information: I certify that the information provided is complete and accurate.

Name:

Relationship to Applicant:

Applicant Signature:

Applicant's Name:

Phone:

Signature:

Date:

# Race and Ethnic Data Reporting Form

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on page 4.**

**There is no penalty for persons who do not complete the form.**

Signature

Date

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

form HUD-27061-H (9/2003)

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

## AUTONOMY CHECKLIST

	Yes	No	With Assistance
<b>MEDICAL</b>			
1. Can safely administer and store own medication without supervision			
2. Can administer emergency first aid			
3. Is aware of signs of personal illness and can request assistance			
4. Can handle routine illness with minimum support			
5. Can keep doctor's appointments			
6. Can follow routine medical instructions			
Comments:			
<b>EMERGENCY</b>			
1. Can recognize an emergency and respond appropriately			
2. Can evacuate in case of emergency, when necessary			
3. Can dial emergency number and request assistance			
4. Can understand and follow verbal instructions			
Comments:			
<b>PERSONAL SKILLS</b>			
1. Can have a house key			
2. Can go shopping			
3. Can manage personal grooming (bath, shower, wash hair)			
4. Can choose appropriate clothes to wear			
Comments:			
<b>HOUSEKEEPING</b>			
1. Can clean own room			
2. Can make the bed/change the bedding			
3. Can choose decorations for the room			
4. Can do minor household repairs (change light bulb)			
5. Can take out the trash			
6. Can do basic sewing/mending			
Comments:			
<b>NUTRITION</b>			
1. Can plan a menu			
2. Can purchase food			
3. Can operate appliances (stove, oven, microwave)			
4. Can use common kitchen tools (can opener, knife, measuring cup, grater, etc.)			
5. Can follow a recipe or make a meal			
6. Can set the table			
Comments:			



THE ARC IN HAWAII  
3989 DIAMOND HEAD ROAD, HONOLULU, HI 96816

	Yes	No	With Assistance
<b>LAUNDRY</b>			
1. Can put dirty clothes in hamper			
2. Can sort clothes			
3. Can use washer and dryer			
4. Can iron clothes			
5. Can hand wash clothes			
6. Can fold clothes			
7. Can put clothes away			
Comments:			
<b>FAMILY INTERACTION</b>			
1. Can watch TV and discuss with family members			
2. Can help take care of siblings			
3. Can participate in family decisions			
4. Can plan family outings			
5. Can take care of pets			
Comments:			
<b>SANITATION SAFETY</b>			
1. Can prepare and store food safely			
2. Can handle waste disposal in a sanitary/safe fashion			
3. Can wash dishes and/or pots and pans			
4. Can maintain personal sanitation and hygiene			
Comments:			
<b>PERSONAL SAFETY</b>			
1. Can take responsibility for self when away from home			
2. Can take responsibility for and secure home and personal belongings			
3. Can use and maintain electrical and household appliances safely			
4. Can take responsibility for own sexual behavior			
Comments:			
<b>FINANCIAL</b>			
1. Can manage own money and/or bank account			
2. Can plan for use of money and make personal purchases			
3. Can be responsible for management and use of Food Stamps			
Comments:			
<b>TRANSPORTATION</b>			
1. Can routinely transport self independently (e.g. can use The Bus, Handivan, Handicab, or other means of transportation without assistance)			
2. Can request assistance, ask directions, or use telephone when necessary			
Comments:			

