



DOING THE MOST GOOD™

## THE SALVATION ARMY HOME SWEET HOME PROGRAM

Home Sweet Home is a homelessness prevention program that provides rental assistance, comprehensive case management and a variety of support services to individuals and families who are on the verge of becoming homeless.

Please review the attached program description and referral form for the Home Sweet Home program. If you believe you have clients that would benefit from the services Home Sweet Home provides, please fill out and return the referral form to the Home Sweet Home program in your area. Referrals must be made by a social service agency. Referrals are accepted during our enrollment period of October through April of each year. Please note that applicants cannot be involved in any other Social Service rental assistance program at the time of application.

If you have any questions about the Home Sweet Home program, please do not hesitate to contact our offices in the area nearest your organization:

Tarrant County agencies, contact the Mabee Center at (817) 344-1832  
Dallas County agencies, contact Carr P. Collins Social Service Center  
at (214) 424-7033.

We look forward to hearing from you,

Home Sweet Home staff

## HOME SWEET HOME

### *A Program to Prevent Homelessness*

The **Home Sweet Home Program** is a homeless prevention program for at-risk individuals and families that are on the verge of losing their homes. The goals of this program are to prevent homelessness, support home ownership, and build healthy and self-sufficient families. We value the empowerment, hope, self esteem, independence and dignity of our program participants.

**Vision Statement:** We believe that it is our God given mandate to serve those who are in need. Recognizing that man must participate in his own choices and decisions, Home Sweet Home exists to bring resources, needs, solutions, and people together to effect permanent change in people's lives. Our dedication to this philosophy enables us to serve with spiritual compassion.

#### **Eligibility Requirements**

- Client must be at least 18 years old
- Must be referred by an agency that the client currently receives services from
- Must be a resident of the county where the program exists
- Must have sufficient income to meet basic needs (defined as rent, utilities, child care, transportation, food, and court ordered/legal obligations)
- Cannot be a sex offender
- Must be drug and alcohol free

#### **Program Process**

- Program referral forms are accepted during the enrollment period (October to April) from a referring case manager on behalf of an individual or family.
- Interviews will be held for selected applicants within 2 weeks of receiving referral during the enrollment period. *Client fills out an application and actual budget at this interview.*
- Referring Agency/Applicant will be mailed acceptance/denial letter within 1 week from the interview.
- Home Sweet Home staff will contact accepted clients to arrange an orientation session to be held within 2 weeks of the date the acceptance letter is drafted. *Client will complete an assessment, projected budget, and a service plan is initiated.*
- Monthly case management meetings begin within 30 days of program acceptance. *Service Plan is established.*
- Months 1-6: Client will receive financial assistance, case management and attend life skills classes.
- Months 7-12: Ongoing case management will be provided. Life skills classes will continue.



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with case manager once a month to review service plan

and progress

- Client must participate in life skill classes
- Client must contact case manager within 48 hours if a change occurs in employment or housing
- Client must have a commitment to complete all 12 months of the program

## **Available Services**

### Months 1-6

- Financial assistance with rent/mortgage
- Case management: Minimum of 1 appointment per month in the client's home and 1 appointment per month in the office (if necessary).
- Community based life skill classes
- Community resources and referrals
- Assistance with family budgeting
- Crisis Intervention
- Food

### Months 7-12

- Case management: Minimum of 1 appointment per month in the client's home and 1 appointment per month in the office (if necessary).
- Community based life skill classes
- Community resources and referrals
- Assistance with family budgeting
- Crisis Intervention
- Food



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# MEET HOME REFERRAL

(To be completed by referring agency.)

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**List all other residents at home:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Note:** All adults living in the home during program participation that are capable of working will be required to work.

1. Please provide an overview of the clients participation in your program including goal attainment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income from any of the following? Please check:

- |                                    |                                      |                                   |
|------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> TANF      | <input type="checkbox"/> CCMS        | <input type="checkbox"/> WIC      |
| <input type="checkbox"/> Section 8 | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> TRC       | <input type="checkbox"/> SSI/SS      | <input type="checkbox"/> CHIP     |

3. Employment History: Please provide the last 2 years of employment history.

Current Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

**Current Total Monthly Household Income** (Take home): \_\_\_\_\_

Include income from all sources

**Current Total Monthly Household Expenses:** \_\_\_\_\_

4. Date Applicant is available to begin the Home Sweet Home program: \_\_\_\_\_



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5. Are there issues/concerns you have regarding the applicants ability to be successful in the Home Sweet Home program?

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6. Does Applicant have transportation: ( )YES ( )NO

7. Criminal History: ( )YES ( )NO. If yes, please explain:

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8. Medical Concerns that can limit participation in the program: ( )YES ( )NO. If yes, please explain:

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9. History of drug and/or alcohol use: ( )YES ( )NO. If yes, please explain:

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10. Other agencies the applicant currently receives services from (include referring agency):

AGENCY	CONTACT PERSON	PHONE #



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**REFERRING CASEWORKER/COUNSELOR INFORMATION:**

\_\_\_\_\_  
**Caseworker/Counselor Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Program/Agency Name**

\_\_\_\_\_  
**Phone number(ext)/Fax number**

\_\_\_\_\_  
**Program/Agency Mailing Address**

\_\_\_\_\_  
**Email address**

**Please return completed and signed referral form to:**

In Dallas:

**THE SALVATION ARMY - Carr P. Collins**

5302 Harry Hines Blvd.

Dallas, TX 75235

**Attn: Broderick Callaway – HSH**

Phone 214 424 7033

Broderick\_callaway@uss.salvationarmy.org

In Fort Worth:

**THE SALVATION ARMY - Mabee Center**

1855 E. Lancaster

Fort Worth, TX 76103

**Attn: Kimberly Austin – HSH**

Phone 817 344 1832

Fax 817 338 9251

Kimberly\_austin@uss.salvationarmy.org