## **Appendix III - Duplication of Benefits Checklist**

## **INSTRUCTIONS**

This checklist is intended to support case manager staff to evaluate for the potential risk of duplication of benefit during program intake and determine the unmet need for financial assistance funded through housing relocation and stabilization services.

## **Program Participant Duplication of Benefits Evaluation**

|  | <u> </u>   |   |  |                    |  |  |
|--|--|---|--|--------------------|--|--|
| Program Participant HMIS ID (or comparable database ID):   |  |   |  |                    |  |  |
| <ol> <li>Has the program participant previously applied for any other types of federal, state, local or private<br/>financial or rental assistance?</li> </ol> |  |   |  |                    |  |  |
|  | $\square$ <b>No</b> , the program participant has not applied for other forms of assistance (skip to Question 2) |   |  |                    |  |  |
| □ <b>Y</b>   | ☐ <b>Yes</b> , applied for and was <u>denied</u> assistance. Select all that apply:                              |   |  |                    |  |  |
|  | ☐ rental assistance  | ☐ rental arr                            | 5  | ☐ utility payments |  |  |
|  | □ security deposit □ last month's rent □ utility deposits List forms of assistance applied for and denied:       |   |  |                    |  |  |
|  | Program Name   | Amount                                  | Requested Period of Assistance                         | Date Applied       |  |  |
|  |  |   |  |                    |  |  |
|  |  |   |  |                    |  |  |
|  |  |   |  |                    |  |  |
|  | (as applied for and bas  | not vot rospivad                        | approval or disapproval. Selec                         | ot all that apply: |  |  |
|  | □ rental assistance  | rental arr                              |  | utility payments   |  |  |
| ☐ security deposit ☐ last month's rent ☐ utility deposit   |  |   |  |                    |  |  |
|  | List forms of assistance applied for and not yet received:   |   |  |                    |  |  |
|  | Program Name   | Amount                                  | Requested Period of Assistance                         | Date Applied       |  |  |
|  |  |   |  |                    |  |  |
|  |  |   |  |                    |  |  |
|  |  |   |  |                    |  |  |
| _,   |  |   |  |                    |  |  |
|  | <b>′es</b> , applied for and <u>rece</u> i<br>□ rental assistance  | <u>ived</u> assistance.<br>□ rental arr | · · ·  | ☐ utility payments |  |  |
|  | ☐ security deposits  | □ last mont                             | •  | □ utility payments |  |  |
|  | List forms of assistance received, the amount, and the period of assistance:                                     |   |  |                    |  |  |
|  | Program Name   | Amount                                  | Period of Assistance (from MM/DD/YYYY – to MM/DD/YYYY) |                    |  |  |
|  |  |   |  |                    |  |  |
|  |  |   |  |                    |  |  |
|  |  |   |  |                    |  |  |

|  | ram participant anticipate applyir<br>No □ Unsure                        | ng for additional assista | nce in the next six months? |  |  |
|--|--|---------------------------|-----------------------------|--|--|
|  |  |                           |                             |  |  |
| Case Manager I   | Name:  |                           |                             |  |  |
| Case Manager   | Signature:   | Date:                     |                             |  |  |
|  |  |                           |                             |  |  |
|  |  |                           |                             |  |  |
| Case Manager DOB Determination (Office Use Only)  If the program participant has applied for other sources of financial or rental assistance and not yet received a response indicating their application was approved or denied, did they withdraw any applications that would constitute a potential duplication of benefits?  □YES □NO  The proposed use of ESG-CV funds would constitute a duplication of benefits and ESG-CV housing relocation and stabilization financial assistance costs cannot be provided at this time. |  |                           |                             |  |  |
|  | □NO e of ESG-CV funds would not con ble to receive ESG-CV housing re □NO |                           |                             |  |  |

## **INSTRUCTIONS FOR CASE MANAGER**

This form shall only be used to document the duplication of benefits determination for financial assistance or rental assistance under the ESG homelessness prevention or rapid re-housing components. Case Managers are responsible to separately determine: 1) the program participant's eligibility; and 2) the appropriate amount of ESG-CV assistance.

If a program participant has applied for and received financial assistance or rental assistance from other entities, the case manager should ensure that the proposed ESG-CV assistance will not result in a duplication of benefits.

If a program participant has applied for and not yet received a response from another source of assistance, the case manager should identify which applications, if approved, would constitute a duplication of benefit. The program participant shall withdraw those applications prior to receiving ESG-CV assistance.