



Dear Interested Party,

Thank you for your interest in Alternatives, Inc. residential programs in Somerset and Warren Counties. Alternatives, Inc. has several housing opportunities available for consumers of mental health services and/or homeless individuals. (Please see the following explanations of programs and eligibility criteria).

Our overall programmatic goal is to help prevent crisis situations and hospital recidivism by providing case management and clinical support to individuals living independently. This includes assistance in sustaining their housing, as well as to providing linkages to community resources and/or entitlement programs. *All housing is supportive; we offer no supervised housing.*

***Additional Note: For programs where homelessness is a criteria, individuals in danger of becoming homeless will not be eligible. Documentation of homelessness and disability must be produced.***

In order for us to expedite this referral, please fax or mail the following current documentation along with the referral form.

Recent psycho/social assessment

Applicable progress notes

Income verification  
(i.e. Social Security, SSI,GA award letter, employment stubs, etc.)

Thank you in advance for your cooperation. If you have any questions, please contact me at (908) 685-1444 X248 or [nzenner@alternativesinc.org](mailto:nzenner@alternativesinc.org)

Sincerely,

Nicole Zenner, LCSW  
Director of Community Outreach Services

## **SOMERSET COUNTY**

### **1. Transitional Housing Program**

*(accepting referrals for waiting list)*

***Criteria:***

- Homeless: (i.e. living in shelter, on the street, in placement subsidized by emergency assistance funds, etc.)
- Receive SSI or General Assistance (GA)
- Must be a resident of Somerset County

***Program Description***

The Transitional Housing program provides housing, comprehensive support services, and employment assistance to individuals who have demonstrated an inability to acquire and/or maintain permanent housing .

**Please note: This is not a “supervised” program and does not provide medication monitoring. Individuals that require intense supervision, structure and/or whose illness is severe would likely not benefit from this program. Clients should be able to function independently with minimal assistance.**

- Staff are on site 7 days a week; 9:00 am – 10:00 pm Monday to Friday; 10:00 am – 2:00 pm Saturday and Sunday to provide support to the clients.

### **2. Permanent Housing: HUD 811 Programs**

*(accepting referrals for waiting list)*

***Criteria:***

- Mental Illness – AXIS I diagnosis
- Must meet U.S. Dept. of HUD’s very low or low income guidelines

***Program Description***

Residential setting is that of a single family house that can accommodate 3 individuals who live independently. Staff are *not* on-site, but provide support services.

### **3. Permanent Housing: HUD/McKinney Programs**

*(accepting referrals for waiting list)*

***Criteria:***

- Homeless (i.e. shelter, street, etc.)
- Mental Illness – AXIS I diagnosis
- Must meet U.S. Dept. of HUD’s very low or low income guidelines

***Program Description:***

Residential setting is that of a home to accommodate 4 individuals who live independently. Staff are *not* on-site, but provide support services.

**Chronically Homeless Definition:** An unaccompanied homeless individual with a disabling condition who has either been homeless for one (1) consecutive year, OR, at least four (4) episodes of homelessness within three (3) years.

#### **4. Lease – Based Apartments**

*(accepting referrals for waiting list)*

***Criteria:***

- Must be Chronically Homeless
- Mental Illness – Axis I Diagnosis
- Must meet U.S. Dept. of HUD’s very low or low income guidelines

***Program Description:***

Apartments are scattered in the community, and lease-based. Apartments are to accommodate one individual who lives independently. Staff are *not* on-site, but provide support services.

### **WARREN COUNTY**

#### **1. Shelter + Care Program**

*(one vacancy for homeless individual)*

***Criteria:***

- Must be Homeless or Chronically Homeless
- Mental Illness – Axis I Diagnosis
- Must meet U.S. Dept. of HUD’s very low or low income guidelines

***Program Description:***

Apartment is located in the Belvidere Square apartments. Each garden-style apartment accommodates a single individual who lives independently. Staff are *not* on-site, but provide support services.

## **2. Lease – Based Apartments**

*(accepting applications for waiting list)*

***Criteria:***

- Must be Chronically Homeless
- Mental Illness – Axis I Diagnosis
- Must meet U.S. Dept. of HUD’s very low or low income guidelines

***Program Description:***

Apartments are scattered in the community, and lease-based. Apartments are to accommodate one individual who lives independently. Staff are *not* on-site, but provide support services.

## Services Provided For All Programs

- Comprehensive intake and assessment to first determine appropriateness and eligibility
- Development of Individualized Service Plan (goals and objectives)
- Daily Living Skill training
- Money Management Assistance
- Advocacy
- Linkages to Community Resources (medical/mental health resources, entitlements, etc)
- Supportive Counseling and Clinical Supports
- Support Groups
- Recreation Opportunities
- Crisis Intervention
- 24-Hour On-Call Services

## Exclusionary Criteria (for all programs)

Clients are required to be the recipient of support services provided by Alternatives, Inc. Please also note that there is some *exclusionary* criteria. They are as follows:

- Consumers who exhibit a pattern of seriously aggressive or physically acting out behavior or present an imminent danger to self, others or property
- Consumers with a history of criminal felony conviction such as :

*Arson*

*Assault – Physical and/or Sexual*

*Drugs – Trafficking/Possession of CDS on School Property*

*Theft – Car and/or Carjacking*

*Endangering the Welfare of a child*

*Kidnapping*

*Manslaughter – Aggravated 1<sup>st</sup> & 2<sup>nd</sup>*

*Murder*

*Armed Robbery or Burglary with Elements*

*Terroristic Threats*

*Unlawful Possession of Weapons*

*Stalking*

*Sexual Offenses*

*Repeated Violent Crimes within 5 past years from date of referral*

- Consumers with any medical condition that requires skilled medical/nursing services
- Consumers who refuse to comply with the terms of the program services agreement



**REFERRAL**  
**Community Outreach Services**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # : \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Living Situation: Own Home/Apt \_\_\_\_\_ Live with Family \_\_\_\_\_ Homeless \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Children (list all – indicate ages and custody): \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_ Amount(s): \_\_\_\_\_

Agency Referral: Y \_\_\_ N\_\_\_ Agency \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Current Living Situation**

What kind of Housing are you looking for? Transitional \_\_\_ Permanent \_\_\_

Please describe current living situation and reason for application: \_\_\_\_\_

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

Present Landlord (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Monthly Utilities: \_\_\_\_\_

**Employment**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone : \_\_\_\_\_ Position: \_\_\_\_\_

How long with this employer? \_\_\_\_\_

Past work history/experience: \_\_\_\_\_

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

**Housing Preferences**

Are you allergic to animals? \_\_\_\_Yes \_\_\_\_Yo

Would you have a problem living with others? \_\_\_\_ yes \_\_\_no

If you do not mind living with others, do you have a preference in who to live with?

Male\_\_\_\_\_ Female\_\_\_\_\_ No Preference\_\_\_\_\_

Are there any other characteristics of living with others that may be a concern for you? \_\_\_\_\_

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

**Legal Information**

Have you ever been convicted of a crime? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

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

**Medical Information**

Psychiatric Diagnoses: \_\_\_\_\_

Medical/Physical Diagnoses: \_\_\_\_\_

Psychiatrist:\_\_\_\_\_ Therapist:\_\_\_\_\_

Physician:\_\_\_\_\_ Dentist:\_\_\_\_\_

Current Medications (type, dosage, frequency):

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

Do you take medications independently? Yes\_\_\_\_\_ No\_\_\_\_\_





**RELEASE OF INFORMATION**

**To:**

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

*Who Information is being released from*

I, \_\_\_\_\_ hereby authorize you to release:  
*Individual filling out form*

**Verbal**

**Written**

**Information/records to:**  
**Address:**

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

**This information is needed to:**

**Please forward a copy of these records to the attention of:**

I reserve the right to revoke this consent at any time. The Agency \_\_\_\_\_ will not be  
*Name of agency/person giving information*  
liable for any information released prior to revocation.

This consent is limited to the period of time needed for compilation of the requested information but no more than a year. This consent may be used only for the purpose listed above.

**Signature:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_  
*(When applicable)*  
**Date:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
*(no more than one year)*

**Copy to be kept in the Individuals Record Book 1 Section 1 immediately following Emergency Information**

Main Office ♦ 600 First Avenue ♦ Raritan, NJ 08869 ♦ Voice: 908 – 685-1444 ♦ Fax: 908-685-2660  
Regional Office ♦ 405 Thomas Street ♦ Phillipsburg, NJ 08865 ♦ VOICE: 908-454-9806 ♦ Fax: 908-454-7744

# Documentation of Chronic Homelessness

**Name:**

**Date:**

**Current Homeless Situation:**

- **Dates/Time Period:**
- **Where:**

**History of Homelessness** (*please attach another page if necessary*):

1. **Dates/Time Period:**  
**Where:**
2. **Dates/Time Period:**  
**Where:**
3. **Dates/Time Period:**  
**Where:**
4. **Dates/Time Period:**  
**Where:**
5. **Dates/Time Period:**  
**Where:**

**Definition of Chronic Homelessness (as per HUD):**

- An individual who has had 4 distinct episodes of Homelessness over a 3 year period. Must be currently homeless.
- An individual who has been in homeless situation for at least 12 consecutive months. Must currently be homeless.

**Examples of Homeless Situations when Documenting Chronic Homelessness**

- An emergency shelter
- On the street, in a car, park, sidewalk, etc.
- In temporary situation (hotel, shelter) where at least a portion of fee is paid for by an agency (Social Services, etc.).
- Hospitalized for less than 30 consecutive days (and must have been homeless upon admission).

**Examples of Ineligible Situations when Documenting Chronic Homelessness**

- Staying with friends or family (even for temporary period of time)
- In housing where the individual is paying excessive amount for housing, or housing is substandard

- In temporary situation (hotel, etc) where individual is solely paying for his/her stay out of personal income.

\_\_\_\_\_  
Signature of Person Completing Form / Title

\_\_\_\_\_  
Relation

***\*If the individual is completing this form, it must be notarized\****