Project Community Connections, INC.

Client Handbook

Updated July 2024

Table of Contents

Introduction 3
Our Mission 3
Our Vision 3
Client Handbook 3
Your Rights 4
Client Rights 5
How to request records 7
Appeal/Grievance Policy 8
Experience Survey 10
Housing First 11
Forms 12
Georgia Homeless Management Information System (HMIS) Privacy Policy Notice 13
Releases of Information 14
Video Case Management Acknowledgement 16
GA Power Portal Authorization 17
PCCI Program Documents 19
Participant Acknowledgment 20
Individualized Service Plan (ISP) – Blank Copy 21
Personal Budget – Blank Copy 23
Housing Stability Plan – Blank Copy 24
Housing Resources 25
Employment Resources 55
General Resources 57

Introduction

Our Mission

To permanently rehouse individuals and families experiencing homelessness into decent, affordable places to live and thrive. To offer housing options and collaborate with community and human service organizations to provide ancillary services that promote personal and economic self-sufficiency.

Our Vision

PCCI is committed to advocating for and growing expertise and resources locally and nationally to help homeless individuals and families achieve self-sufficiency. To lead with new ideas in areas that improve and enhance local best homeless services practices, to be a housing advocate for our clients, to demonstrate success through our actions, and to make a positive difference in the lives of our consumers.

Client Handbook

The Client Handbook is intended to serve as a guide to your experience at Project Community Connections, Inc. There is important information in this guide, that should be reviewed, as well as resources.

Contact us: 404-215-9991
Hours of Operation: Monday – Friday, 8:30am – 4:30pm
There is no cost for services.

Your Rights

Client Rights

How to request records

Appeal/Grievance Policy

Experience Survey

Housing First

PROJECT COMMUNITY CONNECTIONS

(PCCI)

CLIENT RIGHTS

POLICY:

It is the policy of PCCI to ensure that individuals applying for or receiving Rapid Rehousing Services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights. Clients will sign and date the acknowledgement of the client's rights during admission and orientation and receive a copy in their orientation packet. Client's rights are posted in all PCCI intake areas. Grievance forms are located in each PCCI waiting room and in common areas.

Provisions: Basic client rights will include:

1. The right to be treated with respect and dignity.
2. The right to receive timely treatment by qualified professionals.
   A. Every effort will be made toward a humane setting for services that is the least restrictive, most appropriate treatment available, based on client needs.
   B. Each client shall be afforded the opportunity to participate in activities designed to enhance self-image.
3. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, sexual orientation, gender identity, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
4. The right to an individualized treatment plan which will be developed for each client in accordance with the provisions established for each program component.
5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to informed consent, refusal or expression of choice regarding service delivery, release of information, concurrent services, and composition of service delivery team;
7. The right to receive quality treatment that is best suited to his/her needs and shall include appropriate medical, vocational, social, educational, and/or rehabilitative services.
8. The right to express by signature an informed consent of the right to release information for communication purposes with other agencies.
9. The right to receive communication and correspondence from individuals.
10. The right to privacy for interview/counseling sessions.
11. The right to practice your religious practices.
12. The right to be provided humane care and protection from harm.
13. The right to contract and consultation with legal counsel and private practitioners of your choice at your expense.
14. The right to access or referral to legal entities for appropriate representation, self-help support services, and advocacy services;
15. The right to be fully informed of and to exercise constitutional, statutory, and civil rights.
16. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
17. The right to be free of physical restraint or seclusion.
18. The right to freedom from unnecessary or excessive medication;
19. The right to be free from intellectual, emotional and/or physical abuse.
20. The right to be free from abuse, financial or other exploitation, retaliation, humiliation, and neglect;

21. The right to be provided the nature of treatment or habilitation, the known effects of receiving the treatment or rehabilitation, and alternative treatment or habilitation programs.
22. The right to be provided information on an ongoing basis regarding your services.
23. The right to access to information pertinent to the client in sufficient time to facilitate his/her decision making;
24. The right to be provided services in accordance with standards of practice, appropriate to your needs, and designed to afford a reasonable opportunity to improve your condition.
25. To confidentiality of the client's records. The right to receive full information regarding the treatment process.
26. The right to refuse services and to receive an explanation of the consequences of such a refusal.
27. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of incompletion of services in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
28. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
29. The right to receive an explanation of the reasons for denial of service;
30. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
31. The right to be informed of the client grievance procedure upon request
32. The right to request a copy of PCCI's Notice of Privacy Practices at any time.

How to Request Your Records

Project Community Connections, Inc. (PCCI) will be responsive to client requests for access to personal documents from agency records. Each individual adult will need to request their own records. Records are retained by PCCI for seven years from the date of initial enrollment. Requests for documents will be provided within a 3 week period of time to allow for retrieving records from storage as needed. Paper version of records request will be provided upon request.

Clients will have the opportunity to select the pertinent documents that are needed, i.e. identification documents, proof of military service, ISP etc. In the case of minors the only documentation that can be requested are birth certificates and Social Security cards if available.

Project Community Connections, Inc. will not provide financial records with sensitive banking information directly to clients but will work with clients to provide needed documentation to entities payments have been made to, as needed.

Requests will be reviewed by the Director of Compliance and assigned to appropriate staff members to fulfill the request. Requests for documents will be provided within a 3 week period of time to allow for retrieving records from storage as needed. Clients will be given the opportunity to retrieve documents in person or receive them via a secure email.

To request client records, please complete the form using the following link:
https://www.surveymonkey.com/r/G3JLTVY

Paper copies available upon request:

Nancy Zimmermann
Director of Compliance
Project Community Connections, Inc.
Phone: 404-561-4921
Email: nzimmermann@pccihome.org

Project Community Connections, INC.

Connecting our clients with a place to call home

Client Appeal/Grievance Procedures

POLICY: According to PCCI policies and procedures any applicant denial, termination of participation can be addressed through the appeals/grievance procedures as follows:

Denial of assistance may include, but is not limited to, the individual or household's ineligibility for the program or failure to provide verifiable evidence of eligibility. Causes for termination from the program may include, but are not limited to, misrepresentation of information or receiving duplicate services.

PCCI recognizes the rights of individuals receiving assistance to due process outlined in the following steps.

Step 1: Provide a verbal statement to the client for the reasons for termination or denial based on specific PCCI program requirements. Many concerns can be resolved informally when an employee and program participant take time to review the concern and discuss options to address the issue(s).

Step 2: When possible, provide a written notice to the program participant if they are not satisfied with the results of the informal discussion in Step 1. Reiterate the reasons outlined verbally in Step 1. **The program participant may submit a formal complaint within five days, either verbally or in writing, or through the Appeal/Grievance link on the PCCI website, to the Co-CEO(s) or Director of Compliance (contact information for both parties will be included in the letter) that includes:**

- The nature of the appeal.
- Detailed information including evidence of the issue and;
- The requested remedy or outcome desired.

Step 3: The Co CEO(s) or Director of Compliance will have five working days to review and investigate the complaint and respond to the program participant in writing or verbally. The investigation may include the program participant (if warranted) and/or other members of the management team. A written response will be provided to the program participant and delivered by hand or sent via the U.S. Postal Service. The outcome of the review by the Co CEO(s) or Director of Compliance will be final unless new evidence or other circumstances warrant additional review of the complaint.

Step 4: If the program participant is not satisfied with the response from the Co CEO(s) or Director of Compliance, the program participant may file a grievance with the Board of Directors and submit a written complaint. This request for review should include:

- An explanation of the grievance and details of all previous efforts to resolve the issue.
- A copy of the previous written complaint submitted to the Co CEO(s) or Director of Compliance.
- A copy of the Co CEO(s) or Director of Compliance written response to the program participant.
- Detailed information regarding the program participant's dissatisfaction with the decision.

SSVF Specific: Clients who are being served through the Supportive Services for Veteran Families Program (SSVF) that do not feel their appeal/grievance has been addressed can then file a grievance directly with the SSVF Program Office by sending a written statement to SSVF@va.gov.

If the complaint involves a PCCI employee and is substantiated during the investigation, disciplinary action may be warranted and will be included in the employee's personnel record.

Note: If verbal notice is the only means of communication, written documentation will be created and retained in the program participant's file.

SIGN HERE

Client Signature: _____ Date: _____

SIGN HERE

Scan to share how your experience with Project Community Connections was today

Paper copies available upon request

What is Housing First?

Housing First is an approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the belief that client choice is valuable in housing selection and supportive service participation; exercising that choice is likely to make a client more successful in remaining housed and improving their life. Housing First programs remove barriers faced by households trying to attain permanent housing, and do not require prerequisites to access housing support beyond what is required in a tenant's lease.

How is Housing First different from other approaches?

Housing First does not require people experiencing homelessness to address their problems before they can access housing, including behavioral health problems, or graduating through a series of services programs. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. Supportive services are offered to assist with housing stability and individual well-being, but participation is not required. Services have been found to be more effective when a person chooses to engage. Other approaches do make such requirements in order for a person to obtain and retain housing. Many Housing First models also use a harm reduction approach to help reduce barriers to obtaining or maintaining permanent housing.

Who can be helped by Housing First?

A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for highly vulnerable populations, such as chronically homeless individuals. Housing First also promotes racial equity, in that in that it removes judgement from the providers as to who is "deserving" of permanent housing - which can be riddled with bias against people of color.

Does Housing First work?

There is a large evidence base demonstrating that Housing First is an effective solution to homelessness. Consumers in a Housing First model access housing faster and are more likely to remain stably housed, and systems see many benefits when using the Housing First model. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are homeless. One study found an average cost savings on emergency services of $31,545 per person housed in the course of two years. Another study showed that a Housing First approach can cost up to $23,000 less per consumer per year than a shelter program. Housing First is not only cost efficient, but it also reduces the trauma households face due to homelessness.

Forms

Georgia Homeless Management Information System (HMIS) Privacy Policy Notice

Releases of Information

Video Case Management Acknowledgement

GA Power Portal Authorization

Georgia Homeless Management Information System (HMIS) Privacy Policy Notice

This notice describes the privacy policy of the Georgia Homeless Management Information System ("GA HMIS"). GA HMIS is administered by the HMIS Lead Agency, the Georgia Department of Community Affairs ("DCA"), operating on behalf of the Georgia Housing and Finance Authority (GHFA). DCA administers GA HMIS on behalf of the regional homeless services planning bodies (individually referred to as "Continuum of Care" or "CoC" and collectively referred to as "The Collaborative" or "CoCs") in Georgia that participate in the statewide GA HMIS implementation. This Notice describes the data uses and disclosures by the contributing housing organizations (CHO's), DCA, and CoC Administrator Agencies. GA HMIS operates on implied consent to enter and share client data with the entities mentioned above. DCA may amend this GA HMIS Privacy Policy at any time, and will maintain a record of any changes made, as well as post new versions on the GA HMIS website. Please read the full Privacy Policy for more details.	
Why we collect and enter your information	• To provide or coordinate services to clients; • To locate other programs that may be able to assist clients; • For functions related to payment or reimbursement from others for services provided by DCA or DCA's contractors; • To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions; • To comply with government and Funder reporting obligations; • For research, data analysis, and community reporting purposes, including reporting to the GA HMIS Steering Committee to inform policy decisions
Agency Use and disclosure of your information	• To provide or coordinate services for individuals to help them end their homelessness. • For functions related to payment or reimbursement for services; • To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions; • When required by law to the extent that use, or disclosure complies with and is limited to the requirements of the law. • To avert a serious threat to health or safety • To report about an individual who is believed to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence. • To a law enforcement official for a law enforcement purpose • Academic research purposes
Your rights and choices	• Inspect your personal information that is maintained in the GA HMIS, with the exception of case notes; • Ask the agency entering data for the GA HMIS to correct inaccurate or incomplete information within the record; • File a grievance regarding GA HMIS' privacy policies and practices. DCA will respond to questions and complaints; • Request a copy of this full notice for more details.
Agency Contact Information	Name: Project Community Connections, Inc. Address: PO Box 525, Snellville, GA 30078 Phone: 404-215-9991
HMIS Lead Contact Information	Department of Community Affairs c/o HMIS Lead Manager 60 Executive Park South, NE Atlanta, GA 30329

Project Community Connections, INC.

Connecting our clients with a place to call home

UPDATED 09/042024

Authorization for Release of Information 1

Name of Applicant _____ **Date of Birth** _____

I hereby authorize and request:	**Project Community Connections, Inc.**
Address:	**302 Decatur Street SE, Atlanta GA 30312**
To obtain from/release to:	**School personnel, shelter and/or case management staff, employer, or other:**

The following types of information:

Attendance and grade records, verification of case management services provided, and employment verification.

For the purpose of:

Locating, establishing, and/or maintaining permanent housing, provision of and/or receiving information from social service agencies, and school progress.

All information I hereby authorize to be obtained from/released to this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain effective for:

☐ **Ninety (90) days unless I specify an earlier date**	**Date:**	
☐ **One (1) year**		
☑ **The period necessary to complete all transactions on accounts to services provided to me**		

SIGN HERE

Client Signature: _____ Date: _____

SIGN HERE

Staff Signature: _____ Date: _____

COMPLETE ONLY IF APPLICANT WITHDRAWS CONSENT:

_____ _____

Date this consent is withdrawn by Applicant **Signature of Applicant**

Project Community Connections, INC.

Connecting our clients with a place to call home

UPDATED 09/042024

Authorization for Release of Information 2

Name of Applicant _____ **Date of Birth** _____

I hereby authorize and request:	**Project Community Connections, Inc.**
Address:	**302 Decatur Street SE, Atlanta GA 30312**
To obtain from/release to:	**Landlords and/or property management staff. Utility companies (e.g.: GA Power, GA Natural Gas, Scana Energy, etc…).**

The following types of information:

Locating, establishing, and/or maintaining permanent housing, provision of and/or receiving information from social service agencies, and school progress.

For the purpose of:

Locating, establishing, and/or maintaining permanent housing, provision of and/or receiving information from social service agencies, and school progress.

All information I hereby authorize to be obtained from/released to this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain effective for:

☐ **Ninety (90) days unless I specify an earlier date**	**Date:**	
☐ **One (1) year**		
☑ **The period necessary to complete all transactions on accounts to services provided to me**		

SIGN HERE

Client Signature _____ Date: _____

SIGN HERE

Staff Signature: _____ Date: _____

COMPLETE ONLY IF APPLICANT WITHDRAWS CONSENT:

_____ _____

Date this consent is withdrawn by Applicant **Signature of Applicant**

ENERGY ASSISTANCE PORTAL
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, understand that Project Community Connections, Inc. ("**Agency**") has, at my request and for my benefit, requested access to my electric service account through the Energy Assistance Portal maintained by Southern Company or one of its affiliates (Alabama Power, Gulf Power, Mississippi Power, or Georgia Power) and other Southern Company affiliates involved in providing electric service.

I hereby authorize the disclosure of my account information, including, without limitation, my name, address, billing and payment information and history, electric service rate and usage information, and any other personally identifiable information "PII" and other information, to Agency through its designated company representative, _____ . I further authorize any Southern Company affiliates and their representatives to discuss my account information with the Agency. This authorization and release applies to any and all of my electric service accounts, whether current or past accounts, including, without limitation, any accounts which are specifically identified below:

_____

I understand that Agency will use this information for purposes of determining eligibility for charitable stipends towards electric service. The Agency will be issued its own User ID or Password, which it may use to obtain access to my account information, including, without limitation, my name, address, billing and payment information and history, electric service rate and usage information, and any other personally identifiable information "PII" and other information,. I hereby acknowledge and agree to the Agency's access to and use of such information.

LIMITATION OF LIABILITY. IN NO EVENT WILL WE OR OUR SUBSIDIARIES, OR ANY OF OUR RESPECTIVE LICENSORS, SERVICE PROVIDERS, EMPLOYEES, AGENTS, OFFICERS OR DIRECTORS, BE LIABLE FOR DAMAGES OF ANY KIND, UNDER ANY LEGAL THEORY, ARISING OUT OF OR IN CONNECTION WITH YOUR USE OR ACCESS (OR THE AGENCY'S USE OR ACCESS), OR INABILITY TO USE OR ACCESS (OR THE AGENCY'S INABILITY TO USE OR ACCESS), THE WEB SITES, OR ANY LINKED WEB SITES, INCLUDING, WITHOUT LIMITATION, ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, OR CONSEQUENTIAL OR PUNITIVE DAMAGES THAT RESULT FROM THE SAME, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. WE ARE NOT RESPONSIBLE FOR TECHNICAL, HARDWARE OR SOFTWARE FAILURES OR LOSSES OF ANY KIND. IN NO EVENT WILL WE OR OUR SUBSIDIARIES, OR ANY OF OUR RESPECTIVE LICENSORS, SERVICE PROVIDERS, EMPLOYEES, AGENTS, OFFICERS OR DIRECTORS' TOTAL LIABILITY TO YOU FOR ALL DAMAGES, LOSSES, AND CAUSES OF ACTION, WHETHER IN CONTRACT, TORT, OR OTHERWISE, EXCEED THE AMOUNT PAID BY YOU, IF ANY, FOR ACCESSING THE WEB SITES. THE FOREGOING DOES NOT AFFECT ANY LIABILITY WHICH CANNOT BE EXCLUDED OR LIMITED UNDER APPLICABLE LAW.

Indemnification. To the fullest extent permit by law, you agree to defend, indemnify and hold harmless us and our subsidiaries, and any of our respective directors, officers, employees and agents from and against all claims and expenses, including attorneys' fees, arising out of the Agency's access to, use of, or disclosure of your information.

I understand that:

- I may keep a copy of this form after I sign it, and I may request a copy from Agency.
- I may revoke this authorization at any time by notifying Agency and Company in writing, as described below. This will not affect any action Agency took before they received the revocation.
- I may refuse to sign this authorization. However, I understand that the information is needed to enable Agency to provide the assistance contemplated by this authorization, and that the Agency's ability to assist may be prevented or impacted if I do not sign this form.

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, either directly or through established agencies participating through the applicable state's LIHEAP program. I do hereby authorize any person or agency and/or company representative, having knowledge of the information relating to myself and members of my household, to furnish any requested information, including confidential information, to any duly authorized agent of the applicable community action agency, state agency or division, or other organization.

I understand that the purpose disclosures to participating LIHEAP agencies is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential, but hereby consent to such disclosures. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I hereby hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. I further acknowledge and agree that the agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

SIGN HERE

Account Holder's Signature: _____ Date: _____

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of disclosures to participating LIHEAP agencies is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential, and I represent and warrant that I have obtained the necessary informed consent from the Account Holder for such disclosures. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I hereby hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. I acknowledge and agree that the agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance, and represent and warrant that I have obtained the necessary informed consent from the Account holder for the agency to access such information for verification purposes.

Applicant's Name (Not Account Holder): _____

Applicant's Phone Number: _____

Applicant's Signature: _____ Date: _____

SECTION C: FOR COMMUNITY ACTION AGENCY USE ONLY

Agency must maintain this form in the Applicant's file and make it available to the state office or utility vendor record upon request, for accounting and auditing purposes.

Agency Name: PROJECT COMMUNITY CONNECTIONS, INC. (PCCI)

Phone: _____ Email: _____

Agency Representative Name: _____

Agency Representative Signature: _____ Date: _____

Project Community Connections, INC.

Connecting our clients with a place to call home

NAME OF CLIENT: _____

By my signature below, I authorize Project Community Connections Inc. to provide video case management services for their Rapid Rehousing Program.

I understand and authorize video case management services for Rapid Rehousing to be provided via Zoom, GoTo Meeting or Microsoft Teams by Project Community Connections, Inc. I understand the following regarding video case management:

- Video case management involves the use of electronic communications to enable social service providers to provide ongoing support when traditional services cannot be rendered. This service can be provided using two-way audio (telephone communications) and video chat.
- I understand that as a participant or guardian/parent of a participant that all attempts to maintain and uphold the standards of confidentiality will be upheld
- I understand that this authorization and participation is voluntary. I understand that the services provided will not be affected if I do not sign this form.
- I understand that I may receive a copy of this form after I sign it and that I may inspect and request a copy of the information I am authorizing for use/disclosure.
- I understand that I have the right to withhold or withdraw my consent to use video case management in the course of my service provision at any time, without affecting my right to future services.

Consent to The Use of Video Case Management

I have read and understand the information provided above regarding video case management, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of video case management for Rapid Rehousing Services for a full calendar year from the date of signature.

SIGN HERE Client Signature: _____ Date: _____ SIGN HERE

Consent Expires as of: _____

Request to withdraw consent

At this time I withdraw my consent regarding video case management.

Client Signature: _____ Date: _____

PCCI Program Documents

Participant Acknowledgment Individualized

Service Plan (ISP) – Blank Copy Personal

Budget – Black Copy

Housing Stability Plan – Blank Copy

Project Community Connections, INC.

Connecting our clients with a place to call home

UPDATED 009/04/24

Rapid Re-Housing/Homeless Prevention Program
Participant Acknowledgment

Today, _____(date), you met with a PCCI Housing Coordinator to determine eligibility for PCCI's Rapid Re-Housing/Homeless Prevention program. *Please keep in mind this is not an emergency services program. If you are eligible for the program, we will do our best to meet your needs in a timely manner.*

I, _____, understand that although I have applied for assistance, completing an assessment does not guarantee the availability or the granting of financial assistance. Clients who move into a new residence prior to completing the assessment process and getting approval from PCCI staff will disqualify themselves from receiving assistance. I understand that I have a choice in selecting my housing. I also understand that I am encouraged to remain in contact with my housing coordinator via telephone and/or email throughout the assessment process and program enrollment with the goal to reach self- sufficiency and housing stability. Case management activities may include but are not limited to: housing counseling, monitoring and evaluating progress, budgeting, and connections to mainstream community resources.

I declare to the best of my knowledge that BUT FOR THIS ASSISTANCE, I would be homeless. I do not have any other financial resources or support networks, nor do I have any other appropriate subsequent housing options. I declare that to the best of my knowledge I/my family are not currently receiving and have not requested other funds for the same need. I further certify that all information provided in my assessment is true, accurate and correct, to the best of my knowledge; realizing that misrepresentation is illegal and will immediately disqualify me from any further services.

I acknowledge that I have reviewed, discussed and been given a copy of the following documents.

Please initial each item:

_____ PCCI Client Handbook
- VAWA Information Forms (included in handbook)
- Lead Based Paint Disclosure (included in handbook)
- Client Rights Document (included in handbook)

_____ Signed Grievance/Appeal

_____ Policy Personal Budget

_____ Personal Individual Service Plan

SIGN HERE

SIGN HERE

SIGN HERE

Client Signature: _____ Date: _____

SIGN HERE

Staff Signature: _____ Date: _____

Project Community Connections, INC.

UPDATED 09/042024

INDIVIDUAL SERVICE PLAN (ISP)

Client Name:	Date of Initial Plan:
Case Manager:	Review Dates:

Client Strengths:	Client Support Systems:

Goal 1:

Action Step	Timeframe	Responsible Parties	Date Achieved/Terminated

Goal 2:

Action Step	Timeframe	Responsible Parties	Date Achieved/Terminated

Goal 3:

Action Step	Timeframe	Responsible Parties	Date Achieved/Terminated

Goal 4:

Action Step	Timeframe	Responsible Parties	Date Achieved/Terminated

Goal 5:

Action Step	Timeframe	Responsible Parties	Date Achieved/Terminated

Project Community Connections, INC.

INDIVIDUAL SERVICE PLAN (ISP), p. 2

for

Goal 6:

Action Step	Timeframe	Responsible Parties	Date Achieved/Terminated

Long-Term Goals:

Does the client need reasonable accommodations? Yes No If "Yes," what accommodations are needed?

Does the client give permission to be added to PCCI's email list? Yes No

SIGN HERE

Client Signature: _____ Date: _____

SIGN HERE

Staff Signature: _____ Date: _____

Notes:

Monthly Budget Worksheet

Total Assets and Income	
Checking Account Balance	
Savings Account Balance	
Monthly Income Amount (Net)	
Misc	
SNAP Amount	

MONTHLY EXPENSES

Housing		Children	
Rent		Diapers/Formula	
Electricity		Support	
Gas		Tuition	
Water		Programs/camps	
Trash/Pest Control		Day Care	
House Phone		**Total**	
Cell Phone		**Insurance/Medical/Debt**	
Renter's Insurance		Life Insurance	
Other		Medical Insurance	
Total		Doctor	
Transportation		Dentist	
Auto Payments		Prescriptions	
Gas		Credit Cards	
Insurance		Loans	
License/Taxes		Other debts	
Repair/maintenance		**Total**	
Marta (entire family)		**Miscellaneous**	
Other		Eating Out	
Total		Activities	
Food/Laundry/Cleaning		Cable/Internet	
Food		Storage Fees	
Laundry Detergent		Cigarettes	
Laundry Costs		Alcohol	
Dry Cleaning		Church/Charity	
Cleaning supplies		Clothing	
Toiletries		Savings	
Beauty and Barber		Other:_____	
Total		**Total**	

Total Monthly Net	
Total Monthly Expenses	
Total Remaining Balance	

HOUSING STABILITY PLAN

Project Community Connections, INC.

04/17/0202

Client/Tenant:

PCCI Case Manager:

HOUSING INFORMATION

Address:

Monthly Rent: **Security Deposit:** **Move-In Date:**

Vendor Name:

PRORATED FIRST MONTH'S RENT

Monthly Rent:		**# of days in Month 1:**		**# of days occupied:**		**Prorated Rent:**	

MONTHLY PAYMENT PLAN

Month	PCCI Pays*	Client Pays	Paid this month	Balance/Credit	Total Credit
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Totals:					
Security Deposit:					
Total PCCI Cost:					

**For month 1, PCCI may only pay up to the full amount of prorated rent. Amounts entered for month 1 may not reflect the actual amount if the move-in date has not yet been determined.*

TOTALS AT END OF PCCI ASSISTANCE

# of Months of Assistance Provided:		**Total Paid by PCCI:**	**$ 0.00**	**Client Credit:**	*$ 0.00*

CLIENT/TENANT SIGNATURE

Sign Here: _____ Date: _____

PCCI agrees to provide financial assistance to the client for the number of months listed above. If during that time the client has an increase in income and is able to take over full or partial payments then he/she will be expected to do so. This agreement is contingent on the client continuing to meet the basic Program eligibility requirements. If any adjustments are made to the housing stability plan, both the client and property will be provided with an updated plan.

Notes:

Manager Approval: _____ Date: _____

Housing Resources

- Georgia Tenant Landlord Handbook: https://www.dca.ga.gov/node/2945
- Notice of Occupancy Rights under the Violence Against Women Act
- Fair Housing Notice
- Protect Your Family from Lead in Your Home
- Equal Housing Opportunity

[Insert Name of Housing Provider[1]]

Notice of Occupancy Rights under the Violence Against Women Act[2]

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[3] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under **[insert name of program or rental assistance],** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **[insert name of program or rental assistance],** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **[insert name of program or rental assistance]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit

---

[1] The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

[2] Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

[3] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

> **(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
>
> **(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
>
> **(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.
>
> **OR**
>
> **You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the

documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1) Would occur within an immediate time frame, and
2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA].**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's):_____

4. Name(s) of other family member(s) listed on the lease:_____

_____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed):_____

_____

7. Relationship of the accused perpetrator to the victim:_____

8. Date(s) and times(s) of incident(s) (if known):_____
_____

10. Location of incident(s):_____

In your own words, briefly describe the incident(s):

_____

_____

_____

_____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Fair Housing Laws

Georgia passed the Georgia Fair Housing law in 1988. This law ensures that all Georgians can compete for housing within their economic means on a fair and equitable basis. It prohibits discrimination in housing and housing-related activities because of disability, race, sex, color, national origin, religion, or familial status. It is the goal and aim of the Georgia Commission on Equal Opportunity's Equal Employment Division and Fair Housing Division to eliminate discrimination through the state of Georgia.

- What is Prohibited?
  (based on the previously mentioned protected statuses)
    - Refusing to rent or sell a house
    - Falsely denying that a house is available for inspection, sale, or rent
    - Offering different terms, conditions, or privileges for certain people
    - Intimidating, interfering with, or coercing someone to prevent them from buying or leasing a dwelling
    - Advertising or posting notices, sale or rental, that indicate a preference, limitation, or discrimination
    - Discriminating through financing or broker's services
    - "Steering" of clients by real estate agents to or from certain neighborhoods and of tenants by landlords to or from certain areas of the complex

If you think that your fair housing rights have been violated, you may write, fax, or telephone your complaint to the Georgia Commission on Equal Opportunity (GCEO) or US Dept of Housing and Urban Development (HUD). You have ONE year to file, but you should file your complaint as soon as possible.

Include your name and address, name and address of the person your complaint is against, address (and other identifying info) of the housing involved, short description of the incident and dates of the incident.

The fair housing investigators will:

- Investigate the complaint
- Collect relevant facts and data and interview parties and witnesses
- Assist both parties in reaching an agreement
- Make a determination based on the investigation findings

Contact Information:

The Georgia Department of Community Affairs Fair Housing Coordinator: fairhousing@dca.ga.gov

Fair Housing and Equal Opportunity (FHEO):

https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

Georgia Commission on Equal Opportunity, Fair Housing Division:

https://gceo.georgia.gov/fair-housing-division

You can also file a complaint online at www.HUD.gov

Protect Your Family From Lead in Your Home

United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

March 2021

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right,* to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).

Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.

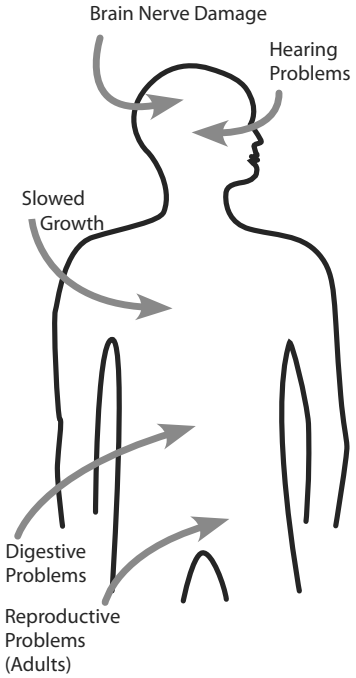
Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:



- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.[1]

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.[2]

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

[1] "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm^2), or more than 0.5% by weight.

[2] "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ($\mu g/ft^2$) and higher for floors, including carpeted floors
- 100 $\mu g/ft^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples

- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.[3]

[3] Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead–safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ($\mu g/ft^2$) for floors, including carpeted floors
- 100 $\mu g/ft^2$ for interior windows sills
- 400 $\mu g/ft^2$ for window troughs

Abatements are designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*

RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

* Hearing- or speech-challenged individuals may access this number through TTY

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.[4]
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as **"greta"** and **"azarcon,"** used to treat an upset stomach.

[4] In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

For More Information

The National Lead Information Center
Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323).**

EPA's Safe Drinking Water Hotline
For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/safewater for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline
For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772,** or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies
Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD.**

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC
4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact to Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD
451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/lead

This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

EPA-747-K-12-001
March 2021

IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

EQUAL HOUSING
OPPORTUNITY

We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)

It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

In the sale or rental of housing or residential lots

In advertising the sale or rental of housing

In the financing of housing

In the provision of real estate brokerage services

In the appraisal of housing

Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)
www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, D.C. 20410

Employment Resources

- Goodwill:https://www.careerconnector.org/CaseWorthy/PortalDefault.aspx?DatabaseID=340&#/PortalDefault
- Atlanta Center for Self Sufficiency: https://atlantacss.org/
- Work Source Georgia: https://atlworks.org/
- Resume Sample

Your Name Surname

Contact

[Address]
[City, ST ZIP Code]
[Phone]
[Email]

Objective

[Replace this sentence with your job objective. To replace any tip text with your own, just select a line of text and start typing. For best results when selecting text to copy or replace, don't include space to the right of the characters in your selection.]

Education

[School Name],
[City], [State]
[You might want to include your GPA here and a brief summary of relevant coursework, awards, and honors.]

Experience

[Dates From] – [To]
[Job Title] • [Job Position] • [Company Name]

[Dates From] – [To]
[Job Title] • [Job Position] • [Company Name]

[Dates From] – [To]
[Job Title] • [Job Position] • [Company Name]

[This is the place for a brief summary of your key responsibilities and most stellar accomplishments.]

Key Skills

[List out skills, examples include: communication, leadership, time management, customer service]

References

[Available upon request.]

General Resources

- LIHEAP: https://dfcs.georgia.gov/services/low-income-home-energy-assistance-program-liheap
- 211: https://211online.unitedwayatlanta.org/
- Salvation Army: https://southernusa.salvationarmy.org/georgia/
- St. Vincent De Paul: https://svdpgeorgia.org/
- Find Help Georgia: https://findhelpga.org/