



Prescreen - Eligibility Form [www.ywcaworks.org/passagepoint](http://www.ywcaworks.org/passagepoint)

Return to Passage Point - [ppeligibility@ywcaworks.org](mailto:ppeligibility@ywcaworks.org) or Fax: 425-392-2176

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alt Contact: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_ Disability: \_\_\_\_\_

**Reunification Details:**

Current CPS Case: YES  NO  When did the case open: \_\_\_\_\_ History of CPS: \_\_\_\_\_

Where are the children currently living? \_\_\_\_\_

Do you have legal custody/ current parenting plan of the children? \_\_\_\_\_

What do you need to do for reunification? \_\_\_\_\_

What is the Reunification Plan? \_\_\_\_\_

How many children do you have? \_\_\_\_\_ How many are your trying to reunify with?: \_\_\_\_\_

Names and Ages: \_\_\_\_\_

**Criminal History:**

Have you ever been convicted of a class A felony, sexual offense, crime against a child, arson, manufacturing of methamphetamine, any violent crimes? YES  NO  Which: \_\_\_\_\_

*If there are any felony convictions for these offenses this prospective resident is not eligible for Passage Point Residency.*

Have you been incarcerated in the last year? YES  NO  Are you on supervision or DOC? YES  NO

How long are you on supervision? \_\_\_\_\_

**Housing Details:**

How did you hear about Passage Point? \_\_\_\_\_ Current Housing Situation: \_\_\_\_\_

What are your housing options at release or back up plan? \_\_\_\_\_

Do you have any evictions on your record? \_\_\_\_\_ Owe money to KCHA: \_\_\_\_\_

Current annual Income? \_\_\_\_\_ Future Job goals: \_\_\_\_\_

Have you rented your own apartment before? YES  NO  Where do you want to live after this program? \_\_\_\_\_



What services would you like or need to attain your goal of reunification, and market rate housing, and living the life you want? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mental Health                | <input type="checkbox"/> Children's Mental Health       | <input type="checkbox"/> Psychiatry/ Medication Management |
| <input type="checkbox"/> Chemical Dependency Services | <input type="checkbox"/> NA/AA celebrate recovery       | <input type="checkbox"/> Sober Supports                    |
| <input type="checkbox"/> Parenting Class              | <input type="checkbox"/> Parenting Support Groups       | <input type="checkbox"/> School IEP/504 Help               |
| <input type="checkbox"/> Financial Planning           | <input type="checkbox"/> Budgeting                      | <input type="checkbox"/> Positive Rental History           |
| <input type="checkbox"/> Building a support network   | <input type="checkbox"/> Setting boundaries with family | <input type="checkbox"/> Developing Health Relationships   |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> _____                          | <input type="checkbox"/> _____                             |

## **SCREENING CRITERIA**

Household must meet the King County definition of homeless at time of move in:

*A homeless person or household is someone who, on a particular day or night, does not have decent and safe shelter or sufficient funds to purchase a place to stay. This includes people who can provide proof of imminent housing loss or who are currently residing in homeless shelters or transitional housing*

Ten (10) units are set aside for those who identify as being disabled.

*“DISABILITY” means: A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.*

Household size cannot exceed King County Housing Authority occupancy standards: (1 bedroom = 3 persons max; 2 bedroom = 5 persons max)

Applicant must qualify for King County Housing Authority Project Based Subsidy.

Applicant must meet income eligibility per the WSHFC Tax Credit Program.

## **TARGETED POPULATION**

This program prioritizes people released from incarceration in the past 12 months or similar programs to prevent incarceration.

This program is targeted towards applicants that have a child or children under the age of 18 years and have a reasonable chance to reunite with that child or children.

Applicant is being released in King County or has strong reasons for attachment to King County, such as children who reside there.

## **IDENTIFICATION**

Valid Photo Identification or birth certificate will be required of all applicants age 18 or over

Valid Social Security Card will be required for all household members, unless household qualifies under Citizenship Policy

## **CITIZENSHIP POLICY**

At least one household member must have Social Security Number/Card for household to be eligible

Must provide proof of social security number

Work Visa or Green Card would be acceptable for all other household members

## **FALSIFICATION OF APPLICATION**

Verify accuracy of information provided

In all other cases, no exceptions

**CRIMINAL CONVICTIONS RESULTING IN AUTOMATIC DENIAL**

Any class A felonies

Any crimes against a child, manufacture of methamphetamines, violent crimes, crimes of a sexual nature and arson.

Screening Medium:

The MOCO application and Washington State Patrol (WATCH) background check.

Round table interview with the services team interview/ Agreement and engagement to suggested services

Approval from KCHA

Serious Violent Offenses as defined by RCW 9.94A.030(41):

Murder in the first degree

Homicide by abuse

Murder in the second degree

Manslaughter in the first degree

Assault in the first degree

Kidnapping in the first degree

Rape in the first degree

Arson (1<sup>st</sup> or 2<sup>nd</sup> Degree) as defined in RCW 9A.48.020 and 030

Sex Offense as defined in RCW 9.94A.030(42)

Convictions of methamphetamine and/or drug production

Overall process can take 2-6 weeks.

**eliminating racism  
empowering women**  
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**Seattle | King | Snohomish**

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