

ACCESSING HOMELESS AND AT-RISK SERVICES IN SUBURBAN COOK COUNTY

The following chart provides general information about how to access services if you, or your client, are experiencing or at-risk of homelessness.

* Page 1 outlines primary needs and the path to connecting with staff who will help match your situation to the appropriate resource.

* Page 2 is a general outline of the types of shelter or housing solutions that may be available based upon your eligibility, need and the availability of resources. The goal of this chart is to help clarify the process of requesting assistance and to help set realistic expectations about the availability of resources.

Homeless/ At-Risk Flowchart

SITUATION	WHERE TO ACCESS HELP	ARE YOU ELIGIBLE?	REFERRAL TO PROGRAM PROVIDING HELP	ASSISTANCE TAILORED TO INDIVIDUAL NEED	HOW LONG CAN IT TAKE?	OTHER CONSIDERATIONS
<p>You lease an apartment but are at-risk of eviction for late payments</p> <p>or</p> <p>You are doubled-up and have been approved for a new lease but need a security deposit/1st month rent</p>	<p>Call the Suburban Cook Call Center at 877-426-6515</p> <ul style="list-style-type: none"> * Call center specialists will ask questions designed to best match your need to appropriate resource referrals. * If referral slots are available and you appear potentially eligible, a referral will be made for Homeless Prevention. * If referral slots are filled, please call back the following day. 	<p>Eligibility varies based upon available funding source but can include:</p> <ul style="list-style-type: none"> * Reside in suburban Cook County or specific community * Crisis situation beyond your control * Income cap * Sustainability plan 	<p>Homeless Prevention</p> <ul style="list-style-type: none"> * If the call center determines you are likely eligible for assistance you will receive a referral to a Homeless Prevention agency serving your area (Housing Forward for Oak Park). * Homeless Prevention Case Manager will explore further to verify eligibility based upon criteria of current funding available. 	<p>Type and amount varies based on funding source and calculated need:</p> <ul style="list-style-type: none"> * Rent arrears * Short-term current rent payment * Security deposit * Certain utilities past due 	<p>The average time to hear back from a Homeless Prevention case manager after call center referral is 2 business days.</p> <p>Approval and payment to landlord/utility company can take 1 week to over 3 months and varies based on:</p> <ul style="list-style-type: none"> * Specific requirements of funding source * Client's ability to produce required documents (see HF website for more information) * Responsiveness of landlord * Complexity of individual situation 	<p>Funds periodically run out</p> <p>Number of referrals are capped daily</p>
<p>Imminently at-risk (within a couple of days) of becoming homeless</p> <p>or</p> <p>Newly experiencing the current episode of homelessness</p> <p><i>*Also see note (1)</i></p>	<p>Call the Suburban Cook Call Center at 877-426-6515</p> <ul style="list-style-type: none"> * Call center specialists will ask questions designed to best match your need to appropriate resource⁽¹⁾ referrals. <p>Housing Forward Support Center 1851 S 9th Ave. Maywood 9:30am-3:30pm</p>	<p>Personal resources/ connections to avoid entering homeless system</p> <ul style="list-style-type: none"> * You may qualify for flexible diversion funding if that funding can safely and effectively prevent immediate homelessness allowing time to work on longer term stability solution. 	<p>Diversion</p> <ul style="list-style-type: none"> * If the call center specialist or support center team determines that you may be able to avoid homelessness with a small amount of flex funding and/or problem-solving case management, you will be referred to a Diversion Case Manager in your area (Housing Forward for Oak Park). 	<p>Solution-based case management that may include:</p> <ul style="list-style-type: none"> * Mediation with friends and family * Connection to local, community based resources * Small amounts of financial assistance to resolve immediate crisis 	<p>The average time to hear back from a Diversion case manager after a call center referral is 2 business days.</p> <ul style="list-style-type: none"> * Quick assistance turnaround 	<p>The best way to avoid homelessness is to never enter the homeless system. All households will receive diversion conversation before entering homeless programming.</p> <p>Access to flexible funds can be a key to successful diversion.</p> <p>If a household cannot be safely diverted, referrals will be made to available shelter or street outreach programs.</p>
<p>Unsheltered homelessness</p> <p><i>*Also see note (1)</i></p>	<p>Housing Forward Support Center 1851 S 9th Ave. Maywood 9:30am-3:30pm</p> <p>Street Outreach</p> <ul style="list-style-type: none"> * Email: Outreachteam@housingforward.org * Street/Hot spots * Oak Park Public Library hours Wednesdays 9am-12pm 	<p>Sleeping in a place not meant for human habitation</p> <ul style="list-style-type: none"> * Experiencing homelessness in west suburban Cook County 	<p>Street Outreach</p> <ul style="list-style-type: none"> * Outreach workers can meet you in the community, at the library or at the Housing Forward Support Center to help address your needs. * Showers and certain essential care items are available at the Support Center. 	<p>Basic needs and case management to access benefits</p> <p>Referrals, based upon need, can include:</p> <ul style="list-style-type: none"> * Diversion * Interim Housing * Emergency Shelter <p>Enrollment in housing waitlists (such as HACC, Senior Housing, SRN) Coordinated Entry access .</p>	<p>Homelessness can vary in duration from a brief period of a day or less for individuals who have access to shelter resources, to several years for those who are resistant to accepting assistance.</p>	<p>Individuals are often service resistant due to underlying issues and resolving unsheltered homelessness can require perseverance and patience.</p>
<p>Special populations homeless: veterans, transition-aged youth (18-25) and fleeing domestic violence</p>	<p>All of the above</p> <ul style="list-style-type: none"> * If you are in one of the special populations you may be eligible for services tailored to your specific need and staff at any of the above intake locations can help connect you to specialized assessors if you are interested. 	<p>Experiencing homelessness and in one of the special populations</p>	<ul style="list-style-type: none"> * VA Assessor * TAY Assessor * DV Assessor 	<p>Connection to specialized services and housing opportunities</p>		

(1) There are limited walk-in beds available nightly at Housing Forward Emergency Shelter. See information about accessing the Emergency Night-By Night Shelter on page 2.

For Chicago resources please dial **311** from a Chicago area code or **312-361-1707** from a suburban area code.

If you are experiencing domestic violence and need immediate assistance, please dial **911** or the domestic violence hotline **800-799-7233**

Types of Shelter/Housing

RESOURCE	DESCRIPTION	ELIGIBILITY	HOW DO I ACCESS THIS RESOURCE?	ASSISTANCE	TIMEFRAME	OTHER CONSIDERATIONS
Night-by-night Emergency Shelter (Literally Homeless)	Short-term stay, congregate sleeping, overnight only 38 N. Austin Blvd, Oak Park 7pm - 6:30am 7 days/wk * By referral from programs listed or limited walk-ins if space available	Experiencing unsheltered homelessness in West Suburban Cook County	Street Outreach Diversion * Must be referred from program listed above or * Limited number of emergency walk-ins if space available * At shelter location 7pm nightly	Overnight shelter and meals Basic needs and case management to access benefits Referrals, based upon need, can include: * Diversion * Interim Housing * Enrollment in housing waitlists (such as HACC, Senior Housing, SRN) * Coordinated Entry access	Participants can stay as little as one night up to a couple of months	Limited capacity of 15 guests
Medical Respite (Considered shelter - Literally Homeless)	Assigned room, limited stay while recovering from illness requiring hospitalization	Received care from Cook County Health or MacNeal systems * Literally homeless at time of hospitalization * Requiring ongoing medical oversight upon discharge * No alternative location available for recovery	Hospital Individuals are generally referred from hospitals or medical providers though periodically can be referred directly from shelter or other homeless programs	On-sight medical oversight, as needed Basic needs and case management to access benefits Referrals, based upon need, can include: * Diversion * Interim Housing * Enrollment in housing waitlists (such as HACC, Senior Housing, SRN) *Coordinated Entry access	One week to 1 1/2 year stay	Two isolation rooms available for COVID or other contagious illness
Interim Housing (Considered shelter - Literally Homeless)	Assigned room, limited stay	Experiencing literal homeless in West Suburban Cook County *Must be referred from programs listed	Medical Respite Street Outreach Emergency Shelter Diversion * Must be referred from program listed above	Basic needs and case management to access benefits Enrollment in housing waitlists (such as HACC, Senior Housing, SRN) Coordinated Entry access	Individuals can be on waitlist for several months One month to 1 1/2 year stay	Individuals are often service resistant due to underlying issues and resolving unsheltered homelessness can require perseverance and patience.
Transitional Housing For Special Populations (Literally Homeless) * Transition Aged Youth (18-25) * Veterans * Fleeing Domestic Violence	Assigned room or individual apartment *Up to 2 years stay with intensive stability case management *Rent covered by HUD	Experiencing homelessness in special population category * Must be referred from Coordinated Entry * Veterans with certain discharge status (see Hines VA website for info) * Homeless definition can vary based upon special population	Coordinated Entry * Must be referred from Coordinated Entry which requires intake from a qualified assessor which is available to individuals participating in a homeless program in suburban Cook County	Basic needs and case management to access benefits Trauma care, physical and mental health rehab Enrollment in housing waitlists (such as HACC, Senior Housing, SRN) Stability and tenancy case management *Lifeskills, employment services, education/vocation training referrals	Program entry can occur within a week if there are openings, but individuals may have to wait several months if they are on the waitlist.	Special population (TAY, Vet, DV) coordinated entry assessors are available *Referral to specialized assessors from any of access points listed on FLOW tab *Specialized assessors will help determine homeless status based upon population Emergency shelter for TAY and DV often available while waiting for TH or other housing opportunity
Rapid ReHousing (Housed)	Short-Term rent assistance and stability case management * A portion of rent provided by HUD for up to 2 years * Client pays progressive portion of rent based upon ability to pay * Lease in client's name - they assume responsibility for full rent after subsidy period	Experiencing literal homeless in west suburban Cook County *Must be referred from Coordinated Entry	Coordinated Entry * Must be referred from Coordinated Entry which requires intake from a qualified assessor which is available to individuals participating in a homeless program in suburban Cook County	Basic needs and case management to access benefits Referrals for medical or mental health needs Enrollment in housing waitlists (such as HACC, Senior Housing, SRN) Stability and tenancy case management *Lifeskills, employment services, education/vocation training referrals	Individuals referred from Coordinated Entry By Name List * Referrals prioritize based upon vulnerability and level of need * Need is greater than available program openings * Individuals can wait for several months to over a year * Some individuals will not get a referral	Community based resources must be available to provide stability services to support lease retention Alternative local funding needed for individuals and families that do not receive referrals Individuals are NOT promised rent assistance for up to full 2 years * Reassessed throughout period as stability/ability to pay increases Landlord recruitment in local community to work with individuals with background/ credit issues
Permanent Supportive Housing (Housed)	Ongoing rent assistance and stability case management for chronically homeless * Client pays 30% of income toward rent, HUD covers remainder * Agency is leaseholder	Chronically homeless * Currently experiencing literal homelessness in suburban Cook County	Coordinated Entry * To be eligible, you must receive a referral from Coordinated Entry, which requires an intake assessment from a qualified assessor. This assessment is available to individuals participating in a homeless program in Suburban Cook County.	Basic needs and case management to access benefits Referrals for medical or mental health needs Stability and tenancy case management * Lifeskills, employment services, education/vocation training referrals	Individuals referred from Coordinated Entry By Name List * Referrals prioritize based upon vulnerability and level of need * Need is greater than available program openings * Individuals can wait for several months to over a year * Some individuals will not get a referral	Community mental health resources would be helpful to support clients with mental health needs Alternative local funding needed for individuals and families that do not receive referrals

Definitions

Literally homeless:
Living in a shelter program or a place not meant for human habitation - it does not include doubling up or couch surfing.

Chronically homeless:
*Individual/Head of Household with disabling condition, as defined by HUD definition.
*Has been literally homeless 12 or more months, as defined by HUD definition.

Coordinated Entry:
*Is a community-wide system made up of nonprofit homeless service providers that connect people experiencing homelessness and housing instability with the resources they need.
*Allows our community to better target available resources to the people who need them the most and connect people to the right program based on their preferences and needs.
*All HUD housing resources must be referred through Coordinated Entry and households deemed most vulnerable and with highest service needs will be prioritized first for housing resources.