Complete eSHARE intake (Common Demographics & Eligibility form) and attach documents below **BEFORE** submitting application.



Eligibility Requirements:

* Client is an HIV-positive individual, living within the Tri-County region (Putnam, Rockland, and Westchester Counties) and the five boroughs of NYC (Bronx, Brooklyn, Manhattan, Queens, Staten Island)
* Client income does not exceed 500% of the Federal Poverty Guidelines
* Client has not reached the $2,000 cap in emergency financial assistance within a twelve-month period

Documents Required:

Completed EFS eSHARE Intake, Common Demographics & Eligibility form

Proof of HIV Status

Copy of income (Example; copy of last two pay stubs, letter from employer, letter from Social Security, SSI, SSD etc.) If no income, letter must be written by a Case Manager or Department of Social Services in regards how client will maintain rent

Proof of Residency (Example; bill, , letter from Social Security, SSI, SSD etc., letter from Case Manager, letter from Department of Social Services, housing voucher, Section 8 voucher, landlord letter on letterhead etc.)

Proof of Insurance (ADAP card, Medicaid, Medicare, private insurance)

Copy of documents stating arrears (Con Edison bill or rent statement/invoice)

Letter from Case Manager stating client’s emergency need. Letter must indicate reason of arrears if rental or utility assistance is needed

W-9 form (if rental arrears are to be paid)

Checklist

Payor of Last Resort Attestation

If required documents are not attached, this application will be considered incomplete and will NOT be processed.

Submit to:

Fax: Attention Emergency Financial Assistant Application 914-345-3106

OR

Email: [transportation@hudsonvalleycs.org](mailto:transportation@hudsonvalleycs.org)

**Please Check off Items Needed**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Arrears** | | | | | | |
| Rental arrears amount \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Utility amount \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Security deposit amount\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Emergency Food and Other Supplies** | | | | | | |
| Voucher to Supermarket \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Cleaning products \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Medical supplies\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Mask \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Other supplies \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **For the Kitchen** | | | | | | |
|  | Pots and pans | |  | Plate Set | | |
|  | Drinking Glasses | |  | Wooden spoon, spatula and serving spoons | | |
|  | Utensils (forks, spoons and knives set) | | | | | |
| **For the Bedroom** | | | | | | |
|  | Pillows | | | | | |
|  | Sheet Set | | | | | |
|  | | Specify size: Twin, Full, Queen, King | | | |  |
|  | Comforters | | | | | |
|  | | Specify size: Twin, Full, Queen, King | | | |  |
|  | Bed Mattress and Frame | | | | | |
|  | | Bed size: Twin, Full, Queen, King | | | |  |
| **For Bathroom** | | | | | | |
|  | Towels | | | | | |
|  | Washcloths | | | | | |
|  | Shower curtains with rings | | | | | |
| **Undergarments** | | | | | | |
|  | Bra size\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | Underwear size\_\_\_\_\_\_\_\_\_\_\_ |
|  | Sock size\_\_\_\_\_\_\_\_\_\_ | | | |  | Tee shirt size\_\_\_\_\_\_\_\_\_\_\_ |

By checking this box, client understands that they if they fail to contact the Program Coordinator or their Care Manager within 30 days to notify of non-receipt of items, the items will not be re-ordered.

For HVCS Office Use Only

Delivery Receipt Confirmation

Delivery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client verification date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HVCS Programs and Services

Please indicate below if the client is in need of or could benefit from any of the services offered at HVCS, a Division of Cornerstone Family Healthcare.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Program | Services | Counties |
|  | Insurance | * Enrollment in ADAP, APIC, Medicaid, Medicaid & Marketplace insurance plans | Rockland,  Putnam  Westchester |
|  | Housing | * Short term rental assistance/subsidy; * Long Term rental assistance/subsidy; * Emergency assistance: rental, utility, moving, brokers fee, security deposit; Housing retention; * Peer delivered services | Rockland,  Putnam  Westchester |
|  | Psychosocial Supportive Services | * Counseling; * Weekly group sessions: Men's Group, Women's Group, Co-Ed Group; * Escorts to appointments; * Assistance with scheduling appointments | Rockland,  Putnam  Westchester |
|  | Nutrition Education | * Provides food bags and vouchers; * Provide nutrition education workshops; * Promotes healthy eating | Rockland,  Putnam  Westchester |
|  | Transportation | * Medical transportation | Rockland,  Putnam  Westchester |
|  | Syringe Exchange Program | * Provides clients with new syringes and bleach kits; * Narcan training; * Safer Sex and Injection supplies | Rockland |
|  | Drug Treatment Referral |  | Rockland,  Putnam  Westchester |
|  | Women's Services | * HIV & HCV testing and counseling; * Group and Individual sessions | Rockland,  Westchester |
|  | Men's Services | * HIV/STI/HCV Testing & Counseling; Group Sessions; * Safer Sex workshops; * Safer sex and injection supplies; | Rockland,  Westchester |
|  | Care Management  (Health Homes): | * Coordination of medical/ behavioral health care and other social/community needs | Rockland,  Putnam  Westchester |