



As of 07/24/2020

EMERGENCY EVICTION RELIEF PROGRAM (EERP)

The Emergency Eviction Relief Program (EERP) is designed to provide one-time emergency rental assistance to Northern Nevada residents with disabilities that have a substantial reduction in income, became unemployed, furloughed, or work hours reduced starting March 16, 2020 due to the COVID-19 pandemic.

Applicants may be eligible for up to 4 months of past-due rent not to exceed \$5,000. NNCIL Independent Living Advocates will coordinate with selected applicant and their landlord or property management company to disburse payments.

To Qualify for the EERP,

- 1) Must be able to show proof of disability.
- 2) Must be a Northern Nevada resident. The apartment/housing unit must be the applicant's primary address.
- 3) Rent must be current as of March 2020; this program will not assist with arrears prior to the Nevada State of Emergency declaration.
- 4) Have a substantial reduction in income or are currently receiving unemployment due to the COVID-19 pandemic
- 5) Currently not receiving assistance through the Section 8 Housing Choice Voucher program or living in Public Housing.
- 6) Have a valid and current written lease signed by the landlord.
- 7) Landlord is not a relative.

Documentation Requirement

- Nevada Photo ID or driver's license.
- Notification from employer indicating that through no fault of your own you are being 1) terminated, 2) going to have a reduction in hours, or 3) you are going to be furloughed. The notification must be dated after Governor Sisolak declared the State of Emergency (March 17th).
- Paystubs showing loss/reduction of income.
- A copy of the current lease or proof of arrears i. e. past due statements.
- Unemployment documentation, show proof of application for state unemployment after termination of employment, reduction of hours, or furlough.



SHORT INTAKE/APPLICATION FORM – COVID19 PROGRAMS

Last Name		First Name			Middle Initial	
Address				City	Zip	County
Telephone Number		Home	Mobile		Work	
Date of Birth		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Email Address	
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or more races <input type="checkbox"/> Race and ethnicity unknown					
Disability	<input type="checkbox"/> Cognitive <input type="checkbox"/> Mental/Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Other					
Independent Living Plan	I understand that it is my choice to have services provided to me under an Independent Living Plan (ILP) or I can choose not to have such a plan. I therefore choose: <input type="checkbox"/> Independent Living Plan * <input type="checkbox"/> Waive _____ (Initial) *Attach an ILP form					
Goal/s I want to achieve	<input type="checkbox"/> Other – Temporary Food Assistance Program (TFAP) <input type="checkbox"/> Other – Emergency Eviction Relief Program (EERP) <input type="checkbox"/> _____ (Refer to Goals sheet)					
Service/s Needed to Achieve Goal/s	<input type="checkbox"/> Other – Temporary Food Assistance Program (TFAP) <input type="checkbox"/> Other – Emergency Eviction Relief Program (EERP) <input type="checkbox"/> _____ (Refer to Services sheet)					
Other Required Forms	<input type="checkbox"/> Release of Information <input type="checkbox"/> Grievance Procedure <input type="checkbox"/> Media Release					
	<input type="checkbox"/> Nevada Photo ID or driver's license. <input type="checkbox"/> Notification from employer indicating that through no fault of your own, a termination Letter, reduction of hours, or furlough. The notification must be dated after the State of Emergency was declared (March 17 th) <input type="checkbox"/> Paystubs showing loss/reduction of income. <input type="checkbox"/> A copy of the current Lease or proof of arrears i. e. past due statements. <input type="checkbox"/> Unemployment documentation, show proof of application for state unemployment after termination of employment, reduction of hours, or furlough.					
Provide a brief explanation of your request for assistance : (required) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>						

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ASSISTANCE SUMMARY

Rent Past Due		LANDLORD DETAILS (Assistance will be paid directly to the information below)
<input type="checkbox"/> April	\$	Business Name :
<input type="checkbox"/> May	\$	Contact Name :
<input type="checkbox"/> June	\$	Address:
<input type="checkbox"/> July	\$	
<input type="checkbox"/> _____	\$	
TOTAL	\$	

I understand that the Emergency Eviction Relief Program (EERP) through the Northern Nevada Center for Independent Living is a one-time funding. NNCIL is not obligated to pay future rental arrears as a result of non-payment of future rental obligations after this application date.

I certify that the information supplied is true and correct.

Consumer Full Name (Please Print)	Signature	Date
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I have reviewed/certify accuracy and completeness of the all the documents submitted by the applicant.

IL Advocate Name/Signature :

Date:

Approval : NNCIL Executive Director / Date	Policy Deviation Approval : NNCIL Executive Director / Date
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Single Signatory Check Approval : Claud Argall / Date	
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CIL SERVICES

(Check all that applies)

- Advocacy/Legal Services – Assistance and /or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled.
- Assistive Technology – Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device.
- Children’s Services – The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14.
- Communication Services – Services directed to enable consumers to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.
- Counseling and Related Services – These include information sharing, psychological services of a non-psychiatric, non-therapeutic nature, parent-to-parent services, and related services.
- Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual’s ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Record the service in the consumer’s CSR on behalf of whom services were provided to the family.
- Housing, Home Modifications, and Shelter Services – These services are related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities).
- IL Skills Training and Life Skill Training Services – These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.
- Information and Referral Services – Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Some entities record this service using strokes on an answering pad without opening a CSR, others create a CSR or other such file for future contact and outreach.

- Mental Restoration Services – Psychiatric restoration services including maintenance on psychotropic medication, psychological services, and treatment management for substance abuse.
- Mobility Training Services – A variety of services involving assisting consumers to get around their homes and communities.
- Peer Counseling Services – Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.
- Personal Assistance Services – These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs.
- Physical Restoration Services – Restoration services including medical services, health maintenance, eyeglasses, and visual services.
- Preventive Services – Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.
- Prostheses, Orthotics, and Other Appliances – Provision of, or assistance in obtaining through other sources, an adaptive device or appliance to substitute for one or more parts of the human body.
- Recreational Services – Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet.
- Rehabilitation Technology Services – Provision of, or assistance to obtain through other sources, adaptive modifications, such as wheelchairs and lifts, which address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation.
- Therapeutic Treatment – Services provided by registered occupational, physical, recreational, hearing, language, or speech therapists.
- Transportation Services – Provision of, or arrangements for, transportation.
- Youth/Transition Services – Any service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24 to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and the exploration of career options, including the transition from school to post school activities such as postsecondary education, vocational training, employment, continuing and adult education, adult services, independent living, or community participation.
- Vocational Services – Any services designed to achieve or maintain employment.
- Other Services – Any IL services not listed above in A-V.



GOALS

- Self-Advocacy/Self-Empowerment – Goals involving improvement in a consumer’s ability to represent himself/herself with public and/or private entities, the ability to make key decisions involving himself/herself, or the ability to organize and manage his/her own activities to achieve desired objectives.
- Communication – Goals involving either improvement in a consumer’s ability to understand communication by others (receptive skills), and/or improvement in a consumer’s ability to share communication with others (expressive skills).
- Mobility/Transportation – Goals to improve a consumer’s access to her/his life space, environment, and community. This may occur by improving the consumer’s ability to move, travel, transport himself/herself, or use public transportation.
- Community-Based Living – Goals that provide for a change in living situations with increased autonomy for the consumer. This may involve a consumer’s goals related to obtaining/modifying an apartment or house. Community-based living arrangements may include apartments, privately owned housing, self-directed assisted living, or self-directed living with family/friends.
- Educational – Academic or training goals that are expected to improve the consumer’s knowledge or ability to perform certain skills that would expand his/her independence, productivity or income-generating potential.
- Vocational – Goals related to obtaining, maintaining, or advancing in employment.
- Self-Care – Goals to improve/maintain a consumer’s autonomy with respect to activities of daily living such as personal grooming and hygiene, meal preparation and nutrition, shopping, eating, and other aspects of personal health and safety.
- Information Access/Technology – Goals related to a consumer obtaining and/or using information necessary for the consumer’s independence and community integration. These may include use of a computer or other assistive technology, devices, or equipment, as well as developing information technology skills, such as using computer screen-reading software.
- Personal Resource Management – Goals related to a consumer learning to establish and maintain a personal/family budget, managing a checkbook, and/or obtaining knowledge of available direct and indirect resources related to income, housing, food, medical, and/or other benefits.

- Relocation from a Nursing Home or Institution – Goals related to relocation from nursing homes or other institutions to community-based living arrangements. This significant life area specifically pertains to consumers who live in a nursing home or institution, unlike the Community-Based Living life area, above, which includes any consumer regardless of his/her living situation prior to receiving IL services.
- Community/Social Participation – Goals related to full participation in the mainstream of American society, including the ability to participate in community events such as community fairs and government functions, attend worship services and access recreational activities and facilities.
- L) Other – IL goals not included in the above categories.