



Real Change Project Reconnect Guidance January 2024



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Purpose of Real Change Project Reconnect

Helping Homeless individuals and families find housing in a supportive environment.

Concept: Offer homeless individuals and families the option of returning to their community of origin or to a community where they have available supportive services and to facilitate housing placement.

Background:

Plan: As significant numbers of homeless individuals and families have migrated to communities where they have few supportive services and limited prospects for finding housing, we can offer these individuals and families the option of returning to their community of origin or to a community where they have available supportive services and to facilitate housing placement.

This opportunity aims to provide several benefits:

- 1. It may help reduce homelessness.
- 2. It may allow individuals and families to return to communities where they are more likely to have family and social support networks.
- 3. It may support family reunification.
- 4. It may help reduce competition for scarce affordable housing for those homeless remaining in communities with low vacancy rates.
- 5. It may be used to link individuals and families to employment, providing the income critical to sustain permanent housing.

It is expected that the individual and families voluntarily agree to return to their community of origin or to a community where they have available supportive services and to facilitate housing placement.

The following individuals and families may be eligible for Real Change Project Reconnect:

- Individuals and families seeking family reunification and housing with their family or other social support system.
- Individuals and families who have identified employment and need only shortterm social service support to facilitate their transition to the arrival community.



• Individuals and families who have affordable permanent housing or other shelter option awaiting them in a community where they have family or social supports.

The program will be involved in working with community partners to secure the required IDs and birth certificates for those under 18, confirming the individual and families do not have any legal issues holding them in Escambia County, completing the Real Change Reconnect Program Request form, exploring both bus and airline tickets for best options, and confirming that connections have been made in the arriving community. We also will coordinate a place for the individual or family to stay prior to their departure and provide transportation to the bus station or airport.

Impact: Homelessness may be reduced, individual and families' quality of life may be better supported over the long-term, and communities with limited available affordable housing stock may be better able to serve those homeless who have few or no social and family support systems.



Real Change Project Reconnect Intake Form

- 1. Names and ages for all applicants:
 - Image: Image:
- 2. Contact information for the applicant:
 - Phone: ______
 Location: ______
- 3. For applicants over the age of 18, do you have a valid ID?
 - □ Yes
 - □ No (Coordinate obtaining the IDs)
 - □ Have you ever had a Florida ID?
 - \Box Yes
 - 🗆 No
- 4. For applicants under the age of 18, do you have a copy of their birth certificate with proof that they are traveling with their parents?
 - □ Yes
 - □ No (Coordinate obtaining the Birth Certificate)
 - \Box Who needs them?
- 5. Do you or any of the applicants have warrants or legal obligations that would prevent you from leaving the county?
 - 🗆 No
 - □ Yes
 - □ Please explain:
- 6. Are any of the applicants required to identify themselves to law enforcement upon arrival?

.....

- □ Yes
- □ No



- 7. What is the applicants housing status?
 - Tent/Street/Car (Location) ______
 - Shelter (Which one)
 - Friends (Address) ______

 - Hotel (Which one) □ Other:
- 8. Why do the applicants want to relocate?
 - □ Fleeing Domestic Violence
 - □ Supportive Services (Mental Health/Drug Addiction)
 - □ Housing/Shelter
 - □ Returning to Family
 - □ Other:

9. Do you have ADA needs?

- □ No
- □ Yes

10. What city and state are the applicants seeking to relocate?

- 11. Will the applicants be moving in with social support (a family member, friend, etc.)?
 - □ Family Member
 - Name and Contact Phone Number
 - □ Friend
 - Name and Contact Phone Number
 - □ Shelter
 - Name and Contact Phone Number
 - □ Supportive Housing
 - Name and Contact Phone Number

- □ Other
 - Name and Contact Phone Number



12. Please briefly describe the living situation that the applicants will be entering.

- □ Spare bedroom/couch
- □ Accessory dwelling unit
- □ Own house or apartment
- □ Shelter
- □ Supportive services location
- □ Hotel
- □ Other:

I have voluntarily selected to enter the Real Change Project Reconnect Program and am voluntarily relocating to a supportive environment.

Print Name _____

Signature _____

Limited funding available. Program participation is subject to funding availability and eligibility requirements. Completing an application does not guarantee transportation

Date _____

assistance.



Documentation Checklist

- Determine the utilization of the Real Change Reconnect Program is the most appropriate way to resolve the applicants' homeless crisis and support permanent housing.
- □ Completed the Real Change Reconnect Program Request from the applicants in the departure community including a signature.
- □ All required ID's and Birth Certificates have been obtained, reviewed and copies attached.
- □ Search for any legal issues preventing the applicants from leaving the county was completed.
- □ Confirmed that housing, supportive services, family, etc. connections have been made in the arriving community.
- □ Explored both bus and airline tickets for best options and attach copies of both for travel choice justification.
- □ Coordinate supportive services prior to their departure including:
 - □ Sheltering (Where) ____
 - □ Transportation to Bus Station/Airport (Who)

Agency Intake Form Completion Information

Agency Name	
Print Name	
Signature	

Date_____