



Serving Our Seniors (S.O.S) Policy

Effective Date: March 9, 2016

Program Overview

The Serving Our Seniors (S.O.S.) Program is designed to provide temporary assistance for critical needs to low income elderly residents in the city of West Palm Beach. The Program will assist seniors in the event of an emergency and/or financial hardship.

This program assistance is not intended to provide long-term support for program participants, and it is not intended to provide all supportive service needs of households that affect housing stability. The program instead is part of a plan made in partnership with the family and other community resources, relying on community resources, agency partners, and mainstream benefits to help households remain stable.

Compliance with Federal Requirements

The S.O.S. Program is funded by the Community Development Block Grant (CDBG) Program awarded by the US Department of Housing and Urban Development (HUD).

All recipients receiving assistance must comply with established criteria for the use of CDBG Program funds pursuant to the governing regulations of the Code of Federal Regulations under 24 CFR 570.201(E)- Public Service. The program meets the CDBG Limited Clientele National Objective as defined by 24 CFR 570.208(a)(2)(i).

Form of Assistance/ Eligible Activities

Assistance is in the form of a one-time emergency grant not to exceed \$600.00 in order to provide resources such as:

- Utility assistance;
- Medical prescription assistance;
- Emergency dental assistance;
- Handicapped accessibility.

The Program will only support the costs not covered by insurance, Medicare/Medicaid, or any other programs providing duplicate services and/or resources.

Ineligible activities: Ongoing grants or non-emergency payments (defined as more than 3 consecutive months) to individuals for their food, clothing, rent, utilities, or other income payments.

Community Services staff will also provide referrals to other supportive services and direct assistance with items such as food, clothing and other donated household items. Seniors who require assistance with housing rehabilitation or emergency repairs can be assisted through the City's Residential Rehabilitation Program.

Eligible Applicants

- Applicant(s) must meet gross annual incomes not exceeding 80% Area Median Income (AMI) limits established by HUD for the jurisdiction of Palm Beach County, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5 and in Determining Income Eligibility chapter of this guidebook.
- Applicant must be over the age of 62.
- Applicant must reside within the corporate city limits of West Palm Beach.
- Applicant(s) must have a documentable crisis or hardship situation that contributed to inability to pay for own services.
- Applicant(s) or household member must not have received any other financial assistance within the last six (6) months.
- For assistance with overdue property taxes and or liens the applicant must have owned and occupied the property for a minimum of two (2) years and not be in foreclosure. Eligible tax exemptions should be on property (homestead, senior citizen, etc.)
- Applicant must have no health insurance or a document regarding denial of healthcare claim for any healthcare expenses.
- Applicant must have documented disability for housing accessibility assistance and modification must directly relate to disability.

Availability of Funds

Applications will be processed on a first-come, first-served basis, first-ready eligible basis from all applicant(s) meeting program eligibility criteria, subject to funding availability.

Applications will be made available online at wpb.org/HCD or in person at both Vickers House locations 811 Palm Beach Lakes Blvd or 3801 Georgia Ave. Applicants must schedule an appointment with Vickers House staff prior to submitting an application. Applications will only be accepted through appointments scheduled. Walk-ins or drop offs will not be accepted.

Only completed applications, which consists of a completed application form and all the applicable supporting documentation, will be accepted. No copies or exceptions will be made. If application is not completed, applicant(s) will have to schedule another appointment to submit application. Failure to provide all mandatory documentation can result in disqualification of application.

Public Records Disclosure

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Notice of Collecting Social Security Number

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the City's Housing Stabilization Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City's program.



SERVING OUR SENIORS APPLICATION

Conflict of Interest Disclosure

In accordance with 24 CFR 570.611 applicants can be denied participation in the Serving Our Seniors Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients and the applicant currently or within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- Participates or has participated in the decision making process related to funds for this program.
- Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Housing Rehabilitation Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

____ 1. A conflict of interest DOES NOT EXIST as it relates to the Serving Our Seniors Program Application.

____ 2. A conflict of interest DOES EXIST as it relates to the Serving Our Seniors Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

Certification Statements

_____The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and insurance disclosure forms attached hereto) is provide for the purpose of obtaining rental and/or security deposit assistance and is true correct, and complete to the best of the applicant’s knowledge and belief.

_____The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of rental and/or security deposit assistance to be provided. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.

Signature of Applicant	Print Name	Date
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Signature of Co-Applicant	Print Name	Date
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City of West Palm Beach – Department of Housing and Community Development
Vickers House
SERVING OUR SENIORS APPLICATION

Section III- Required Documents

The documents listed below must be submitted with your completed application, which consists of a completed application form AND all the applicable supporting documentation as listed below. Some of the requested information may not pertain you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party. **Only copies will be accepted.**

1. **Photo Identification.** Provide photo ID.
2. **Proof of all household income.**
3. **Utility Bill.** Document must be in applicant(s) or household member's name not to exceed 90 days (gas, water, lights only).
4. **Original Medical Prescription from Licensed Physician** (No mood altering or pain medications authorized) AND
 - A. A printout from insurance company indicating non-coverage of prescription
 - B. A printout from physician regarding necessity of prescription
5. **Original Dental Referral from Licensed Dentist** within 30 days (cosmetic procedures are excluded) AND
 - A. A printout from insurance company indicating non-coverage of procedure
 - B. A printout from licensed dentist regarding necessity of procedure
6. **Property Taxes/Liens.** No more than 6 months in arrears in applicant(s) or household member's name.
7. **Written statement from physician for needed housing accessibility modification** AND proof of paid property taxes.