OLIVE BRANCH PROGRAM

February 1, 2017

Thank you for your interest in Renesting Project, Inc.'s Olive Branch Program and your desire to serve the homeless in our community. The Olive Branch Program (OBP) functions in a collaborative environment and looks to local faith-based partnerships for cooperation and a shared, giving spirit. A partnership will be comprised of faith-based organizations working together in geographic areas to serve as the hands and feet of Christ.

In the past 5 years, we have experienced tremendous growth as we strive to serve more homeless in our community. As with anything that grows, change is inevitable and as a result we have launched OBP. We are attempting to clarify our purpose, process and paperwork and in doing so, better serve the **homeless.**

Renesting Project was founded in October of 2009. Our purpose was to provide gently used furniture and household goods to those transitioning from homelessness within our community at no cost to them. In December 2011, Renesting Project, Inc was established and received our 501c3 non-profit designation. This January 2015, we launched the Olive Branch Program. Our purpose…the same.

OBP will have two levels of service to your homeless clients (those being served by your organization, do not already possess AND are unable to provide requested items for themselves):

OLIVE BRANCH PICKUP

a) Faith-based partners provides manpower and vehicle to pick up requested items for applicant
b) Under NO circumstances are applicants allowed to make the pickup without an organization rep.
c) These applications will be considered weekly and pickups are scheduled for Tuesday and Thursday or the second Saturday online from our website - www.renestingprojectinc.org
d) Faith-based partners deliver

OLIVE BRANCH RENESTING

a) All of the above plus,
b) Faith-based partners deliver, set up, unpack, decorate and provide special touches of "home"

We are powered by volunteers and our warehouse is open on a limited basis. This translates into…being efficient. You may submit one application per client, one time only. Only an application completed in its entirety, will be considered. Each week, complete applications will be reviewed, triaged and placed in line according to appropriateness, availability of items and manpower. (See "Guidelines" page for instructions)

Eager to serve,
Noel Haacker, founder
nhaacker@renestingprojectinc.org
318-747-5520 phone/318-584-7077 fax

OLIVE BRANCH PROGRAM

Faith-Based Partner Registration Information

This packet contains basic information about the Olive Branch Program, forms necessary to register your faith-based organization and forms to submit an application for your homeless client.

Before we embark on this joint mission of serving the homeless within our community, we ask that you complete the following:

- Faith-based Partner Registration Form and any requested documentation (**One** time registration required by **ALL** organizations, seeking to partner with us and receive our services)
- Partnership agreement (**One** contact person, per Partnership, must complete this form **one** time, to be entered into our system and before they may submit applications on your client's behalf)

Your organization will be notified via email when your registration is complete. At that time, you are invited to complete the following, **each time** you submit a client's application (please do NOT write in the shaded boxes):

- Confidential Form
- Declaration Page
- Needs List

PLEASE COMPLETE AND SUBMIT TO:
Holly Warden
Scan and email to Holly@RenestingProjectInc.org
or
fax to 318-584-7077
WAREHOUSE LOCATION and MAILING ADDRESS:
1303 Driftwood Dr.
Bossier City, LA 71111

OLIVE BRANCH PROGRAM
CLIENT APPLICATION GUIDELINES

Our services are free of charge, to those we serve and your organization, but not free of responsibility. We rely on your professionalism and ability to successfully screen your clients. It is up to your designated representative to verify that their clients are indeed ***transitioning from homelessness***, do not already possess nor are they able to provide the requested items for themselves. ***Our service is not intended to replace existing items but rather provide to those who are without.***

IMPORTANT INFORMATION:

- First and foremost, all areas, on all forms must be completed. Incomplete forms will **NOT** be considered.
- Registration status of partners with a high rate of incomplete applications or missed appointments will be subject to review.
- Representatives are responsible for scheduling appointments for pickups and deliveries.
- Recipients will only be eligible for service ONE time and ONE time only!

CLIENT APPLICATION INSTRUCTIONS

STEP ONE:

- Confirm client is not in need of or qualify for services provided by one of our local Social Service Agencies
- Client completes Declaration of homelessness - REMEMBER TO SIGN AND DATE!!
- Representative completes Confidential Form - REMEMBER TO SIGN AND DATE!!
- Review and complete, with client, Needs List – REMEMBER TO SIGN AND DATE!!

STEP TWO:

- Review application for any missing information
- Fax or email application (pages 6, 7 and 8) to the Renesting Project, Inc.

STEP THREE:

- You will be notified when the application has been reviewed and ready to schedule an appointment
- Go to our website and sign up for a pickup appointment

STEP FOUR:

- Be on time for your appointment, bring ample vehicle, manpower and equipment

STEP FIVE

- Remember we are the hands and feet of Christ
- ***Provide your client the respect and grace we all need to move forward through a difficult time!***

We understand that getting families in stable housing is very important. Therefore, we have adjusted our schedule in an effort to serve them as quickly as possible.

OLIVE BRANCH PROGRAM

FAITH-BASED PARTNER REGISTRATION FORM

Please submit copies of the following w/registration:

1. Mission Statement (if available)
2. Non-Profit status
3. Methods used to screen applicants
4. List of all groups within your partnership

FAITH-BASED PARTNER

NAME: _____

ADDRESS:

_____

_____

_____

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

NON-PROFIT STATUS: _____

DATE FOUNDED: _____

FOR RENESTING PROJECT, INC.

OFFICE USE ONLY:

DATE RECEIVED_____

DATE APPROVED_____

APPROVED BY_____

BRIEF DESCRIPTION OF YOUR PARTNERSHIP AND THE GEOGRAPHIC AREA YOU SERVE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SENIOR MINISTER, LEADER, ETC

NAME: _____

EMAIL: _____

DESIGNATED CONTACT

(only one per partnership**)**

NAME: _____

EMAIL: _____

PHONE: _____

OLIVE BRANCH PROGRAM
DESIGNATED REPRESENTATIVE AGREEMENT

We at Renesting, rely on you (a Designation Representative of a Faith-Based Partnership) to participate in this collaborative effort. Before you may submit an application for the first time, we ask that you initial and sign this agreement.

I, _____, have read, agree to and initial the following:

_____ Will hand deliver this signed agreement to the Renesting warehouse for a tour (by appointment only)

_____ Will **NOT** share any of Renesting's contact information (ie: phone numbers, address, etc.) with any applicants. Applicants **MUST** work through registered Faith-Based Partners.

_____ Have read and understand Guidelines and Instructions

_____ Will confirm **EACH** client is not in need of or qualify for services provided by one of our local Social Service Agencies

_____ Verify that the applicants meets the enclosed definition of Homeless

_____ Will assist applicants in completing appropriate forms

_____ Submit Confidential form, Declaration of Homelessness and Needs List for each applicant

_____ Schedule pickups, online www.renestingprojectinc.org

_____ Promote the Olive Branch Program

_____ Meet quarterly w/Renesting and other Olive Branch Partners for review

_____ Submit client reports after follow-up appointments

(*Please* print)

Faith-Based Partner Organization: _____

Designated Representative / name: _____

Email address: _____

Phone: _____

Designated Representative _____ Sign and Date

Supervisor _____ Sign and Date
(Senior Pastor, Leader, etc.)

Email address:_____

OLIVE BRANCH PROGRAM

(CLIENT: complete and sign) Declaration of Homelessness

OBP Case

Name _____ **Date** _____

Please complete and initial each section. Please discuss this form with the designated representative as you complete it together.

(This application will be considered valid and active for 90 day from the date above)

SERVICES OFFERED: Renesting Project, Inc. is an outreach mission whose purpose is to gather gently used furniture and household items to be given to individuals and/or families transitioning from homelessness to permanent housing. As you are transitioning from homelessness into permanent housing, you and the representative will complete a Confidential Form, Needs list and this Declaration of Homelessness. Requested items from your needs list will be provided based on availability and appropriateness. **COMPLETE SECTIONS 1, 2, 3 AND 4 BELOW, to be considered for our service.**

1) **ELIGIBILITY STATEMENT:** I am seeking assistance through the Olive Branch Program and I meet one of the following eligibility requirements:

(Client MUST initial ***one***)

_____ I **do** have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, transitional housing for the mentally ill)

_____ I **do** have an institution that provides a temporary residence for individuals intended to be institutionalized

_____ I **do** have a public or private place **not** designed for, or ordinarily used as, regular sleeping accommodation for human beings.

_____ I do have **temporary** living arrangements. Please explain:

2) **I can pay rent, utilities and am moving from homelessness into:**

(Client MUST initial ***one***)

_____ Permanent housing

_____ Permanent housing with supportive services (_____ months of supportive services). Please explain:

3) I agree to maintain contact with this Faith Based partner for follow up appointments in home, office or by phone:

(Client MUST initial all that apply) _____ 1 month _____ 3 months _____ 6 months _____ 1 year

4) I authorize the designated representative, listed below, to share my basic, identifying and non-confidential service transactions/information with other Olive Branch Program partners. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize the participating organization, as an Olive Branch Program partner, to share my dependent's basic, identifying and non-confidential service transactions/information with other Olive Branch partners.

X_____ _____

Client Signature Date

X_____ _____

Faith Based Partners Designated Representative's Signature Date

OLIVE BRANCH PROGRAM

(REPRESENTATIVE: complete and sign) Confidential Form

Date Received:

OBP Case #_____

1) FAITH-BASED PARTNER: _____

APPLICANT'S NAME: _____

ADDRESS: _____

_____ **PHONE**:_____

APPLICANT'S DOB: _____ **GENDER / AGE:** _____

LIST ALL OTHER HOUSEHOLD MEMBERS (gender / age, ONLY): [example: M/29]

_____

2) Representative, Check all items that apply to your client.

Applicant:

- ○ Is an honorably discharged veteran
- ○ Is physically or mentally disabled
- ○ Has minor children living w/them
- ○ Has been homeless for more than 6 months in the last 12 months
- ○ Is employable

3a) Representative, how did you document homelessness? Check all that apply:

- ○ Third party verification (Faith-Works print-out, or written referral/certification by another housing or service provider) or
- ○ Written observation by an outreach worker

For individuals exiting an institution – one of the forms of evidence above and;

- ○ Discharge paperwork or written/oral referral, or
- ○ Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution
- ○ Other (explain):

b) Additional documentation on file

- ○ Employment record
- ○ Proof of supplemental income
- ○ Photo ID

4) Level of Service

SELECT ONE:

- ○ **Renest**
- ○ **Pick up**

5) Dwelling Info

TYPE:

- ○ EFFICIENCY (One main room)
- ○ APARTMENT (3+ rooms)
- ○ HOUSE

NUMBER OF BEDROOMS:

- ○ 1
- ○ 2
- ○ 3
- ○ MORE

ACCESS:

- ○ On ground floor
- ○ Has stairs
- ○ Has elevator

☆ **I verify that the above mentioned family is transitioning from homelessness and is being assisted by our organization.**

_____ **<---SIGN AND DATE HERE**

FAITH BASED PARTNER DESIGNATED REPRESENTATIVE (NAME ON FILE)

OLIVE BRANCH PROGRAM

NEEDS LIST: check only items you need and do NOT already possess

Applicants first and last name:

Number of people in this household:

OBP Case #_____

Furniture and accessories:

- Kitchen Table
- Kitchen Chairs
- Sofa, Sleeper Sofa or Futon
- Upholstered Easy Chair
- Coffee Table
- End Table
- Armoire / TV stand
- Mattress and Box springs
  bed #1, size____
  bed #2, size____
  bed #3, size____
- Headboard and/or Frame
  (for beds listed above)
- Chest of drawers ***or*** Dresser
- Night Stand
- Desk
- Lamps
- Pictures for Wall
- Mirrors for wall

Linens:

- Bed Linens
  bed #1, size____
  bed #2, size____
  bed #3, size____
- Bath Linens

Kitchen items:

- Efficiency Apartment Box

Or

- Eating
- Drinking
- Utensils
- Prep
- Cooking
- Misc.

Household items:

- Laundry Supplies
- Cleaning Supplies
- Personal Items
- Decor

Small appliances:

- VCR/DVD
- Radio
- Alarm Clock
- Crock Pot
- Toaster
- Coffee Pot/Maker
- Fan

Misc. Items:

- Tools
- Rug
- Suit case
- Ironing Board
- Vacuum Cleaner
- Microwave
- TV

Special request:

- Starter kit
- Extra beds
- ?

☆ **I understand that the above requested items are used and I accept them as is and I do *NOT* already possess any of them.**

_____ **<---SIGN AND DATE HERE**

APPLICANT

☆ **I verify that the above mentioned family is being served by our organization and is otherwise unable to provide the items requested above.**

_____ **<---SIGN AND DATE HERE**

DESIGNATED REPRESENTATIVE (NAME ON FILE)

OLIVE BRANCH PROGRAM

The following is an example of what you might find in each box you have selected from The Needs List:

! **Remember… items are subject to availability.**

More details from Needs list:

Linens:

Bed Linens:

- ✓ Throw
- ✓ Mattress pad -1
- ✓ Set of sheets- 2
- ✓ Blanket/quilt/comforter
- ✓ New Bed pillow

Bath Linens:

- ✓ Shower curtain, liner and rings
- ✓ Bath towels, hand towels and wash cloths – 2 ea.
- ✓ Bath rug

Household items:

Laundry:

- ✓ Laundry basket
- ✓ Iron
- ✓ Detergent
- ✓ Small Sewing Kit
- ✓ Hangers

Cleaning Supplies:

- ✓ Kit. Trash can & Liners
- ✓ Bath trash can & bags
- ✓ Dish Soap
- ✓ Kitchen Cleaner
- ✓ Sponges
- ✓ Paper towels & holder
- ✓ Bathroom Cleaner
- ✓ Dust Pan & Duster
- ✓ Light bulbs
- ✓ Broom
- ✓ Mop
- ✓ Toilet paper

Personal items:

(NEW ITEMS ONLY): 1 each

- ✓ Basic toiletries (tooth brush, tooth paste, bar soap, shampoo)
- ✓ Basic First aid supplies (Band-Aids, antiseptic cream, nail clippers)

Efficiency Apartment:

- ✓ Glasses (4)
- ✓ Mugs (2)
- ✓ Dinner Plates (4)
- ✓ Bowls (4)
- ✓ Salad Plates (4)
- ✓ Salt and pepper shakers
- ✓ Forks, spoons, knives (4 ea.)
- ✓ Pitcher for drinks
- ✓ Can opener
- ✓ Large mug or utensil caddy (no plastic)
- ✓ Assorted basic utensils
- ✓ Carving and paring knife
- ✓ Mixing bowls/Pyrex bowl
- ✓ Measuring cups and spoons
- ✓ Skillet
- ✓ Medium size pot
- ✓ Cake pan
- ✓ Plastic food storage
- ✓ Ice tray (2)
- ✓ Dish towels, hot pads

OR

A combination of the following

Kitchen Items:

Eating:

- ✓ Dishes – plates, soup bowls, salad plate for 4
- ✓ Eating Utensils – forks, spoons, knives for 4
- ✓ Silverware tray
- ✓ Salt/Pepper Shakers, Sugar bowl -1 ea.
- ✓ Serving Bowl

Drinking:

- ✓ Drinking Glasses – 4
- ✓ Coffee Mugs - 4
- ✓ Pitcher for Drinks – 1

Utensils: 1 of ea.

- ✓ Assorted knives
- ✓ Grater
- ✓ Cooking Utensils
- ✓ Vegetable Peeler
- ✓ Can opener

Cooking: 1 of ea.

- ✓ Cookie Sheet
- ✓ Pots and pans
- ✓ Pyrex Cooking Dishes

Prep: 1 of ea.

- ✓ Colander
- ✓ Cutting Board
- ✓ Mixing Bowls
- ✓ Measuring Cups and Spoons
- ✓ Kitchen Canister Set

Kitchen Misc.:

- ✓ Set of Plastic ware for Food Storage
- ✓ Ice Trays
- ✓ Dish Towels, Oven Mitts/Hot Pads – 2 of ea.
- ✓ Drain Board
- ✓ Sandwich Bags, Freezer Bags, Aluminum Foil, Plastic Wrap – 1 box of ea.

Revised 3/1/15