

RENESTING PROJECT PROGRAM

October 1, 2018

Thank you for your interest in Renesting Project, Inc. and your desire to serve those in need within our community. Renesting Project functions in a collaborative environment and looks to local social service agencies for cooperation and a shared, giving spirit.

Since serving our first client in 2010, we have experienced tremendous growth as we strive to serve more of those in need within our community. As with anything that grows, change is inevitable and as a result we have expanded the Renesting Project. We are attempting to clarify our purpose, process and paperwork and in doing so, better serve **those transitioning from or at risk of homelessness**. **Please read, review and inform all case managers, as some things have changed.**

We offer 3 levels of service to your clients (those being served by your organization with ongoing case management, who **do not already possess AND are unable to provide requested items for themselves**):

- 1) RENESESTING (our premier service)
 - a) Currently available to select applicants
 - b) We deliver, set up, unpack, decorate and provide special touches of "home"
 - c) These applications are subject to dwelling site visits prior to consideration for service
- 2) PICK-UP
 - a) Your organization provides manpower and vehicle to pick up requested items for applicant
 - b) Under NO circumstances are applicants allowed to make the pickup without an agency rep. Both the client and agency representative shall be present.
 - c) No dwelling site visit required
- 3) DELIVERY
 - a) Subject to dwelling location and items requested
 - b) Limited by our manpower and availability of items
 - c) These applications are subject to dwelling site visits prior to consideration

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
www.RenestingProjectInc.org

Renesting Project, Inc.
1331 Driftwood Dr.
Bossier City, La 71111

RENESTING PROJECT PROGRAM

Community Partner Registration Information

This packet contains basic information about the Renesting Project, forms necessary to register your agency's program, and forms to submit an application for your client.

THREE EASY STEPS

STEP ONE: Community Partner Registration

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

- Community Partner Registration (One-time registration required by all organizations seeking our services)
- Designated Representative Contract (**each** Representative that will submit applications must complete this form **one** time, **AND PLEASE MAKE AN APPOINTMENT TO HAND DELIVER IT TO OUR WAREHOUSE**, before submitting applications on their clients' behalf.)
- Your organization will be notified via email when your registration is approved.

STEP TWO: Client Application

Once your client has secured a dwelling, has an address, and is ready to move in, complete the following 3 forms and return to our office:

- **PART #1** Declaration of Need (**page 6**)
- **PART #2** Confidential Form (**page 7**)
- **PART #3** Needs List (**page 8**)

Do not submit the forms until your client is ready to move in. * SERVICE DATE MUST BE SCHEDULED WITHIN 90 DAYS OF CLIENT SIGNING APPLICATION OR APPLICATION WILL BE CONSIDERED CLOSED BY RENESESTING.** See enclosed service schedule on page 3.

STEP THREE: Schedule service

After the forms are received by our office, (**completed accurately and entirely**) and we have no further questions, the submitting representative will be notified via the email address provided us in the Representatives Contract. You will be given a link and instructions to, depending on the Level of Service you chose, do the following:

- Renest or Delivery = schedule site visit
- Pickup = schedule agency pickup appointment

PLEASE SEND COMPLETED FORMS TO:

Holly Warden

Scan and email to Holly@RenestingProjectInc.org

or

fax to (318) 584-7077

WAREHOUSE LOCATION & MAILING ADDRESS:

1331 Driftwood Dr., Bossier City, LA 71111

RENESTING PROJECT PROGRAM

REGISTRATION AND APPLICATION GUIDELINES

Our services are free of charge to those we serve and to your organization, but not free of responsibility. We rely on your professionalism and ability to successfully screen your clients. It is up to your organization to verify that the clients are indeed ***in need***, do not already possess, nor are 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, DOCUMENT ELIGIBILITY! Keep copies of required documents on file.
- **ALL** areas, on **ALL** forms must be completed. Incomplete forms will **NOT** be considered.
- Registration status of community partners with a high rate of incomplete applications, missed appointments, and incomplete reporting will be subject to review.
- Representatives are responsible for scheduling appointments for pickups and site visits. *****READ ALL ONLINE INSTRUCTIONS AT THE TIME OF SIGNUP*****
- Clients will only be eligible for service ONE time and ONE time only!

CLIENT APPLICATION INSTRUCTIONS

STEP ONE:

- Applicant and Representative completes Declaration of NEED on page 6 - REMEMBER TO SIGN AND DATE!!
- Representative completes Confidential Form on page 7 - REMEMBER TO SIGN AND DATE!!
- Review and complete, with applicant, Needs List on page 8 - REMEMBER TO SIGN AND DATE!!

STEP TWO:

- Review application for any missing information
- Fax or email completed application (***pages 6, 7, and 8 ONLY***) to the Renesting Project, Inc. (SEE PAGE 2)

STEP THREE:

- You will be notified when the application has been reviewed, approved, and an appointment is ready to be scheduled
- Go to our website and sign-up for pickup appointment or site visit: www.RenestingProjectInc.org/agencies

STEP FOUR:

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

WEEKLY SERVICE SCHEDULE

PICKUPS:

- TUESDAY / 1 PM AND 2 PM
- THURSDAY / 1 PM AND 2 PM

RENESTING and DELIVERY DAY:

- SECOND SATURDAY / 8-11 AM

RENESTING PROJECT PROGRAM

COMMUNITY PARTNER REGISTRATION FORM

COMMUNITY PARTNER / AGENCY

NAME: _____

ADDRESS:

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

NON-PROFIT STATUS: _____

DATE FOUNDED: _____

EXECUTIVE DIRECTOR, SENIOR MINISTER, ETC

NAME: _____

EMAIL: _____

PHONE: _____

BRIEF DESCRIPTION OF YOUR ORGANIZATION

AND THE GEOGRAPHIC AREA YOU SERVE:

Each program must serve one or more of the following Persons (check all that apply):

- Transitioning from homelessness

OR

- At risk of becoming homeless that are:
 - Honorably discharged Veterans with disabilities
 - Persons over 65 with disabilities
 - Domestic Violence Victims

PROGRAM(complete one form for each program)

NAME: _____

ADDRESS:

PHONE: _____

FAX: _____

EMAIL: _____

PRIMARY CONTACT

(only one per partnership)

NAME: _____

EMAIL: _____

PHONE: _____

Please submit copies of the following w/registration:

1. Mission Statement (if available)
2. Proof of Non-Profit status
3. List of all approved Representatives for each program

RENESTING PROJECT PROGRAM DESIGNATED REPRESENTATIVE AGREEMENT

We, at Renesting, rely on you (a designated representative of a registered community partner) to participate in this collaborative effort. Before you may submit an application for the first time, we ask that you initial and sign this contract.

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

- _____ Will **hand deliver** (by appointment only) this signed agreement to the Renesting warehouse and further instructions.
- _____ Will **NOT** share any of Renesting’s contact information (ie: phone numbers, contacts, etc.) with any applicants. Applicants **MUST** work through registered Agencies.
- _____ Have read and understand Guidelines and Weekly Schedule
- _____ Verify that each applicant meet one or more of the enclosed eligibility statements
- _____ Will assist applicants in completing appropriate forms
- _____ Will submit Declaration of Need, Confidential form, and Needs List for each applicant
- _____ Schedule pickups and site visits online @ www.renestingprojectinc.org/agencies
- _____ Will be present at applicants dwelling during site visit
- _____ Will be available (“on call”) by phone on day of applicants “renesting” or “delivery” (if applicable)**
- _____ Will be present at warehouse, with the applicant, on day of “pick-up” (if applicable) **
- _____ Maintain contact with applicant and complete Online Agency Quarterly Report for up to one year (report is due one week after receipt of client list)

(Please print)

Community Partner Organization: _____ Program: _____

Designated Representative Name: _____

Email address: _____

Office Phone #: _____

Cell Phone #: _____ ** (this is your “on call” number for service day)

Designated Representative Signature _____ **Sign & Date**

Supervisors Name: _____

Email: _____ Phone: _____

Supervisors Signature _____ **Sign & Date**

RENESTING PROJECT PROGRAM

(Applicant and Representative: Complete and sign)

PART #1 DECLARATION OF NEED

RENESTING 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 into permanent housing or at risk of becoming homeless to improve quality of life. Applicant and representative will complete Declaration of Need, Confidential Form and Needs list. Requested items from the needs list will be provided based on availability and appropriateness.

COMPLETE SECTIONS 1, 2 AND 3 BELOW, to be considered for our service.

ELIGIBILITY STATEMENT: I am seeking assistance through the Renesting Project Program and I meet one or more of the following eligibility requirements:

1) Applicant **MUST** initial **one** in either section “**1a**” or “**1b**” to be eligible for our services:

a) I have been homeless within the last 6 months and in this time of transition into permanent housing, I meet one of the following eligibility requirements (one of the following statements is true about me):

_____ 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)

_____ 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:

b) I am at risk of becoming homeless, I **do not** possess more than 3 pieces of furniture **and** I meet one or more of the following eligibility requirements (one or more of the following statements is true about me):

_____ I fled a domestic violence situation within the last 6 months

_____ I am an honorably discharged veteran and disabled

_____ I am over 65 and disabled

2) Applicant **MUST** initial

I can pay rent, utilities and am in or moving into:

_____ Permanent housing and am SELF SUPPORTIVE

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

3) I authorize the designated representative, listed below, to share my basic, identifying, and non-confidential service transactions/information with other Renesting Project 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 a Renesting Project Program partner, to share my dependents’ basic, identifying, and non-confidential service transactions/information with other Renesting Project partners.

X _____
Applicants Signature _____ Date _____

X _____
Community Partners Designated Representative’s Signature _____ Date _____

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(REPRESENTATIVE: complete and sign)

PART #2 CONFIDENTIAL FORM

Date Received:

RENESTING Case

1) COMMUNITY PARTNER: _____

APPLICANT'S NAME: _____

ADDRESS: _____

_____ **PHONE:** _____

APPLICANT'S DOB: _____ **GENDER / AGE:** _____ **LAST 4 # OF SSN:** xxx-xx-_____

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
- Is over 65 with disabilities
- Is Domestic Violence Victim

3a) Representative, indicate how you documented applicants' eligibility.

Check all that apply:

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

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

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

Other (explain):

b) Supporting documentation on file (w/Community Partner)

- Employment record
- Proof of supplemental income
- Photo ID

☆ I verify that I have documented the above-mentioned individual/family's eligibility and is being assisted by our organization.

<---SIGN AND DATE

COMMUNITY PARTNER DESIGNATED REPRESENTATIVE (NAME ON FILE)

4) Level of Service

SELECT ONE:

- Renest
- Pick up (see box 6)
- Delivery

5) Dwelling Info

TYPE:

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

NUMBER OF BEDROOMS:

- 1
- 2
- 3
- MORE

ACCESS TO DWELLING:

- On ground floor
- Has stairs
- Has elevator

6) Pickup Vehicle

- MOVING VAN
- PICKUP TRUCK
- TRUCK W/TRAILER
- OTHER:

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PART #3 NEEDS LIST: check only items you need and do NOT already possess

Applicant's first and last name:

Total number of people in this household:

RENESTING Case

#

Furniture and accessories:

- Kitchen Table
- Kitchen Chairs
- Sofa, Sleeper Sofa or Futon
- Upholstered Easy Chair
- Coffee Table
- End Table
- Armoire / TV stand
- Bed and frame
(Circle preferred size)
Bed #1, size: Twin / Full
Bed #2, size: Twin / Full
Bed #3, size: Twin / Full
- Chest of drawers *or* Dresser
- Night Stand
- Desk
- Lamps
- Pictures for Wall
- Mirrors for wall
- Curtains

Linens:

- Bed Linens
(Circle preferred size)
Bed #1, size: Twin / Full
Bed #2, size: Twin / Full
Bed #3, size: Twin / Full
- Bath Linens

Kitchen items:

- Efficiency apartment
OR
- Eating
- Drinking
- Utensils
- Prep
- Cooking
- Kitchen Misc.

Household items:

- Laundry Supplies
- Cleaning Supplies
- Personal Items
- Decor

Small appliances:

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

Misc. Items:

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

Special request:

- Starter kit
- Extra beds: T / F
- Other:

☆ I understand that the above requested items are used, will be preselected for me and I accept them as is. I do **NOT** already possess any like items and confirm that I have never received services from the Renesting Project.

<---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)

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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

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.

OR

A combination of the following

REPRESENTATIVE'S COPY (DO NOT return this page with application!!)