Short Term Rent Mortgage and Utility (STRMU) Assistance Online Application

Phone number: _____May we leave a message? Yes / No

Email: _____May we email you about this application? Yes / No

We do not share or sell email/phone number information. We will not use your email or phone number for any purpose other than to communicate about services you have requested.

At least one household member MUST be HIV+ to qualify for assistance.

Please provide the following information for everyone who lives with you.

If the income is from employment, provide the most recent 4 weeks paystubs.
If the income is from Social Security, provide this year's award letter from Social Security.
If you have other sources of income, please provide the verification you have available.
If a household member has income but documentation is not provided, we will not consider your application.

First name	Last name	Relationship to applicant	Age	Income source(s)
		Self		

Do you have a housing subsidy or voucher (such as CMHA Section 8)? Yes / No
Are you enrolled in PIPP? Yes / No

These questions help us decide which applications have the greatest need. Please include details about your situation to help us understand your need.

What happened that made you fall behind on your rent, utilities, or mortgage?

Are you currently dealing with any additional health conditions, financial problems, or other special circumstances? Please describe.

How much assistance do you think you will need before paying your rent, mortgage, or utilities on your own again?

Please provide all the documents that apply to your situation. If documents are missing, we will not consider your application.

If you are requesting assistance with your RENT, provide BOTH:
- Your lease.
- A notice or ledger from your landlord showing how much you owe.

If you are requesting assistance with your UTILITIES, provide:
- Your most recent bill showing how much is past due.

If you are requesting assistance with your MORTGAGE, provide:
- Your most recent mortgage statement showing how much is past due.

Applications can be mailed or dropped off to:
Caracole attn: STRMU review 4138 Hamilton Ave Cincinnati OH 45223.
We will respond to your application within 1 week after we receive it via the contact information you provided. Please do not contact our offices to follow up on your application unless it has been more than 7 days since you applied.

This release of information will be used to contact your HIV doctor to verify that you are living with HIV.

Authorization for Release of Confidential Information

By signing below, I, _____ authorize _____(HIV doctor's medical practice) to disclose information to Caracole Inc.; and/or authorize Caracole Inc. to disclose information to _____(HIV doctor's medical practice)

for the purpose of receiving and coordinating services.

- My health information
- My finances
- My legal history
- Services I have requested and/or received
- Mental Health
- Substance Use Disorders and Treatment
- Communicable Disease (including HIV, AIDS or AIDS Related Conditions)

The information cannot be shared except for these purposes.

I know that:

- I do not have to sign this form. I can still receive services if I do not sign this form.
- I have the right to have all of my questions about this form answered before signing.
- Information released may include information concerning testing, diagnosis or treatment of HIV, AIDS, AIDS Related Conditions, mental health and/or drug/alcohol treatment.
- Information about drug and alcohol treatment is protected by federal law and cannot be re-disclosed without your consent. Other information could be disclosed again if the receiving organization is not required by state or federal privacy law to protect it.
- I can end the release of information at any time over the phone, in person or in writing to stop the sharing of information. If I end this release of information the "authorization revoked*" portion of this form will be completed. ***Information already shared cannot be taken back.***

This release of information will end in thirteen (13) months, and I will need to sign a new form at that time.

SIGNATURE: _____ DATE: _____

Prohibition on re-disclosure: *Information that has been disclosed to you from records whose confidentiality is protected by federal law (42 CFR Part 2) is prohibited from being further disclosed without specific consent from the person to whom it pertains.*

INTERNAL USE ONLY

*AUTHORIZATION REVOKED ☐ In writing ☐ Verbally

COMPLETED BY: _____ DATE: _____