



# Pre-Housing Considerations for Navigators



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# Pre-Housing Considerations



- Housing = ?
- Communication is essential. Sometimes it takes a bit of discussion to clarify realistic housing goals.
- Always listen to the patient. Housing for our patient is our goal, but it may not be theirs. Actions speak louder than words.
- Define roles and reinforce that this is a working partnership.

# Communication is Key



- Communication is about: tone of voice, word usage, body language as much as it is about content.
  - A good first impression can have a serious impact.
- Using the phone is anonymous. The person on the other end only knows what you choose to disclose.
  - It's a GREAT opportunity to make a positive impression.

# Steps to Help Empower the Client



- This is YOUR housing! Housing can be empowering. But.....
  - Assess patient literacy around commonly used housing terms.
  - Empower the patient. Strengths perspective is best.
  - Know when to be encouraging and when to help ground the patient.
  - Documentation vs. Identity

# Housing Perspectives



- Isolation vs. a New Life
  - Will you have access to social supports? Are there appropriate transportation options to access food, laundry and other necessities? Will you be able to travel to medical appointments?
- Your obligation is to help your patient obtain affordable, comfortable, long-term housing. Don't set your patient up to fail!
  - Be available!
  - Encourage your patient to think proactively.

# Importance of Client History



- Obtain criminal record report and review together. All open cases must be addressed.
  - Ask: Are there patterns of behavior? If so, how could this affect housing? Are some crimes worse than others?
  - What legal resources in your area can provide you with more information sealing the criminal record?
- Run and review credit report with patient. Financial literacy can lead to better credit. "Credit" is a marvelous support group topic.

# Where to Look for Housing and Essentials?



- Newspapers, flyers in the neighborhood, word of mouth, housing authority listings, online, through local churches or other community connections, etc
- Thrift store donations? Retail outlet donations? Coworkers? Family? Neighbors? Online resources (craigslist, freecycle)? Other organizations in your area? Be creative.
- Discounted utility rates? Utilities assistance programs? Discount phone plans? Discounted cable television plans?

# Housing Paperwork and Process



- "It's a marathon not a sprint". PACE YOURSELF!!!
- If you chip away at housing slowly the process will be less overwhelming for both of you
- "I feel as though I'm filling out the same application again and again and again!".
- Make sure the patient has copies of all important documents and also keep a copy at your office for easy reference.
- Discuss the importance of releases and be clear beforehand about what can/can't be discussed. Case managers can provide effective backup...but not without a release.



# Practice Completing Paperwork



Universal Preliminary Application for HIV/AIDS Housing, Revised September, 2004

## FIVE YEAR HOUSING HISTORY

*(Make multiple copies of this page as needed)*

Please list the following information about where the applicant has lived for the past five years. Please note: A lack of rental history does not necessarily disqualify the applicant. Substitute a contact person when no landlord was involved (e.g. shelter social worker, transitional program case manager etc.)

Applicant's current address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to present.

Type of residence: \_\_\_rented apartment\_\_\_ doubled up\_\_\_ transitional program\_\_\_ shelter\_\_\_ other: \_\_\_\_\_

Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call this person for a reference? Yes \_\_\_ No \_\_\_

Applicant's address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to \_\_\_\_\_.

Type of residence: \_\_\_rented apartment\_\_\_ doubled up\_\_\_ transitional program\_\_\_ shelter\_\_\_ other: \_\_\_\_\_

Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call this person for a reference? Yes \_\_\_ No \_\_\_

Applicant's address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to \_\_\_\_\_.

Type of residence: \_\_\_rented apartment\_\_\_ doubled up\_\_\_ transitional program\_\_\_ shelter\_\_\_ other: \_\_\_\_\_

Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call this person for a reference? Yes \_\_\_ No \_\_\_

Applicant's address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to \_\_\_\_\_.

Type of residence: \_\_\_rented apartment\_\_\_ doubled up\_\_\_ transitional program\_\_\_ shelter\_\_\_ other: \_\_\_\_\_

Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call this person for a reference? Yes \_\_\_ No \_\_\_

Do a sample housing history and review together, like this example.

# Realistic Expectations



- Get the patient thinking about what their day-to-day life will be like once they're housed.
- Reinforce the importance of "structure" in daily life.
- There may be "triggers" for anxiety, for stress and for relapse in your new life as a housed person. Life has it's challenging moments.
  - Ask patient: what helps keep you sane?
  - Record answer and help patient troubleshoot difficult situations ahead of time.
- Discuss the pros and cons of using a payee service?

# Realistic Expectations 2



- Encourage your patient to think proactively. "It's in your best interest to get your security deposit returned so that you can use it for your next apartment". Discuss housing as a continuum. Promote housing as a growth experience. What lessons did you learn?
- For most folks everything revolves around "check day". Most patient's ability to locate housing is dependent on access to funds.
- \$\$\$ = Stress. Stress is bad for everyone involved.

# It's About the Small Steps...



- Encourage the patient to think of housing in units of 1 year or 30 days, depending on the terms of the lease.
- Encourage the patient to think of good housing as a stepping stone to great housing.
- Don't be afraid to admit (temporary) defeat. Preserve housing options at all costs!
- Don't personalize rejection. Housing is about \$\$\$.
- Collect: letters of support from service providers, associates and community members can be useful.

# Helpful Role Plays



- Accentuate the positive, downplay the negative. There are many different ways to say the same thing. Underscore the importance of knowing when (and how) to "finesse" details without being dishonest. This is an acquired skill.
- Question: When is it advisable to have the case manager call instead of the patient?

# Pre-housing Checklist Brainstorm



- What are the categories for a housing checklist?
  - Pre-housing
  - Financial assistance/management
  - Personal reflection (what type of housing, location, etc.)
  - Necessary paperwork
- What tasks should be included?