

Enhanced Shelter Allowance

Are there any special housing programs for individuals with AIDS or HIV-Related illnesses (AIDS Individuals)?

Yes. The Department of Social Services (DSS) has a special program which pays cash benefits to AIDS individuals who are homeless or threatened with homelessness. **The allowance can be much higher than the shelter allowance paid to public assistance recipients.**

How can I get an enhanced shelter allowance?

You must meet the following criteria:

- 1) Have an open Public Assistance case, and
- 2) You are either homeless or threatened with homelessness. Bring your Court eviction papers or a statement from your landlord that you are behind in your rent and will be evicted, or
 - a. You are not safe where you live. Bring a statement from your case manager that it is not safe for you to live where you currently are residing.
- 3) You either have AIDS, or have tested positive for HIV **and** have an HIV-related illness. Bring your medical proof from a doctor (not a lab report).
- 4) You cannot find cheaper housing available. DSS must consider whether cheaper housing would keep you close to your family, friends, formal and informal care givers, and medical providers. They must also consider whether cheaper housing would be appropriate for the provision of home care, and whether it suitable given your medical condition and/or need for supervision and other support.

How do I apply for an enhanced shelter allowance?

Go to the first floor of the Rath Building (95 Franklin Street) and tell them you want to apply for the enhanced shelter allowance. The Rath Building is open from 8-4. Ask for Ms. Hill at Windows 5 & 6 to make your request.

If I get SNAP benefits, will an enhanced shelter allowance result in a reduction of my SNAP benefits?

No.

What about confidentiality?

According to New York State DSS regulations, DSS employees are not supposed to reveal information except for purposes of administering public assistance. Erie County DSS has been reminded of this obligation, especially as it relates to individuals with AIDS.

What if I have a problem in getting an enhanced shelter allowance?

Call our office as early as you can after 9:00 a.m., Monday through Friday at 847-0650.

How much of an enhanced shelter allowance will I get?

The amount you will receive depends on your individual circumstances, including the number of people in your household, income and rent paid. DSS will pay for the actual rent. You should call our office if you have questions about the amount you should get.

What should I bring with me?

In order to get an enhanced shelter allowance, you must bring:

1. A note from your doctor stating your diagnosis.
2. A copy of your landlord form.
3. Proof that you are facing homelessness or have unmet shelter needs. (This could be an eviction notice, or a letter from your landlord that you are behind in rent and cannot afford to pay the rent. This could also be a statement that your apartment has housing violations or is located in an area where you cannot take care of your medical needs)

REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

Case Name: _____ Address: _____ _____	Case Number: _____ Telephone Number: _____
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I am requesting the following Temporary Assistance allowance(s) for special need(s): <input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home. <input type="checkbox"/> Pregnancy Allowance <input type="checkbox"/> Housing and Shelter Related Items <div style="margin-left: 20px;"> <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Rent Security Deposit or Agreement <input type="checkbox"/> Brokers' or Finders' Fee <input type="checkbox"/> Storage of Furniture and Personal Belongings <input type="checkbox"/> Repair of Essential Household Items <input type="checkbox"/> Property Repairs <input type="checkbox"/> Back Rent <input type="checkbox"/> Back Mortgage and/or Taxes <input type="checkbox"/> Furniture and Other Household Items </div> <input type="checkbox"/> Other _____ _____ _____ _____	I am requesting other help: <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> I am working. <input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma. <input type="checkbox"/> I wish to attend approved occupational training. <input type="checkbox"/> I am sick and incapacitated and cannot care for my children. <input type="checkbox"/> Other _____ _____ _____
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FOR WORKER'S USE ONLY
CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST
_____ _____

CLIENT'S SIGNATURE X	DATE	WORKER'S SIGNATURE X	DATE
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