

North Texas SNAP Project Neighbor Application Procedures

Introduction:

Project Neighborhood is a program developed to assist individuals who have a mild or moderate cognitive disability who wish to live in decent, stable and affordable housing in Northeast Tarrant County. The program will enable them to enjoy the rights, privileges and responsibilities of other citizens in the general community. This particular program promotes the initiative of SNAP to enable these individuals to obtain living environments with the support of their family, SNAP and their own community.

Project Neighbor is intended to serve those adults with cognitive disabilities who can live and maintain a separate dwelling with limited support and guidance. This project is not designed to meet the housing needs of all persons with disabilities who may desire to live in the community.

Criteria for Entrance to the program:

1. The applicant for support in the Project Neighbor Program must have a diagnosis of a mild or moderate cognitive disability. The applicant's ability to be employed, along with factors of maturity, sociability, and personal needs will have an important bearing on the timing of the acceptance into the Program.
2. Parents/family members and candidate must agree to be active supporting members of the Project Neighbor team
3. The applicant must be able to live independently without the presence of a staff person at all times.
4. The applicant must be willing and able to participate in the responsibilities associated with living independently (cooking, cleaning, shopping, being a good neighbor).
5. The applicant/family must be willing and able to administer and monitor all medications and medical procedures of the applicant. The administration and monitoring of medications and medical procedures are not the responsibility of SNAP.
6. If living in a shared space arrangement, the applicant must be willing to share common space and share in household duties. Roommates agree to cooperate with Program Manager and are open to mediation.
7. North Texas SNAP is a 501(c)(3) non profit organization dependent on donations, therefore funds must be available to support the applicant. If funds are not available from SNAP, other arrangements must be made to support the applicant.

8. The applicant must be willing to abide by SNAP rules and sign a rules agreement with SNAP.

Financial Support:

1. SNAP may provide a rental subsidy for eligible applicants. The subsidy will be paid directly to the property owner for each individual and will be capped at a rate according to current board policy. At its discretion, the Board or Executive Director may allow the use of SNAP funds for subsidies/supports for up to two (2) applicants not living in SNAP owned properties.
2. If the property is not owned by SNAP, individuals/families will be responsible for security deposits on apartments.
3. SNAP may provide a limited amount of support per month. The amount will be determined by board policy.
4. Support or assistance provided to participants may include, but are not limited to :
 - A. Guidance in menu and grocery shopping
 - B. Training in cooking
 - C. Training in cleaning
 - D. Support in social and community activities
 - E. Training in banking and budgeting

Review and Selection:

The Board of Directors will review applications and make determinations for entrance into the program. In addition to reviewing the application, the Board, at its discretion, **will** meet in person with the applicant and their family. Since each decision will be based on finding the best fit, there will be no waiting list for space.

**North Texas SNAP
Neighborhood Home and Supports Program**

Preliminary Application for Interview

General Information:

Applicant Name: _____ Application Date: _____

Current Address: _____
Street (apt #) City ZIP

Telephone _____ Current Age: _____

Applicant's e-mail: _____

Parent/family Name: _____

Current Address: _____
Street (apt #) City ZIP

Telephone _____ E-mail: _____

Disability diagnosis and any other health conditions: _____

Financial Information:

Who will pay your portion of the rent? You__ Family__ You and Family__ Other ____

1. Do you currently have a job? Yes__ No__

2. If Yes, where and what do you do?

3. How many hours a week do you work? _____

4. How much do you earn each month? \$ _____

5. How do you get to and from work? _____

6. Sources of income (includes job, family, SSI, other) _____

Support Information:

What are some things that you do well without help? (i.e. cook, clean, shop, do laundry..)

What are some things you might need help doing? (i.e. cooking, cleaning, shopping, doing laundry..)

What else do you want to tell us about yourself?

What would your family members like to tell us about you?

Have you had previous experience living away from home? _____

Have you ever shared a room with someone else? _____

Are you willing to have a roommate? Yes _____ No _____

Did someone else help you with the application? Yes _____ No _____

If Yes, Who? _____

Can we also talk to them about your application Yes ___ No___

When would you be available to move into a SNAP living space? _____

Do you have support from a family or friends in the community? Yes _____ No _____

Who? _____