



**Flexible Assistance Fund  
Program Guidebook**

**Small assistance – Large impact**



**Updated August 16, 2016**

## FLEX FUND PROGRAM OVERVIEW

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### Funding Sources

The Flex Fund is a program created in cooperation with United Way of Metropolitan Dallas. The Metro Dallas Homeless Alliance (MDHA) administers the funds to qualified homeless service provider agencies providing direct services to homeless clients. ***Under no circumstances will the program provide cash assistance directly to the client.***

### Purpose

The purpose of the Flex Fund Program is to provide a “fund of last resort” for direct services to people who are homeless. While the funds are intentionally flexible, eligible uses are restricted to goods and services that are directly related to **housing** (access and retention or critical supplies), **critical documents** (birth certificates, IDs, DPS surcharges, immigration documents, etc.), **employment and training** (GED fees, licensure fees), access to **health care** services (co pays, school required immunizations) or **transportation**. These funds are to be accessed when no other funding is available and the resource is not available within the community.

Requests can be made up to \$800. Individual households may utilize the funds more than once but with a maximum annual award of \$800.

### Program Oversight

MDHA staff will provide program oversight and will provide performance reporting to United Way of Metropolitan Dallas and the community, at large. Unusual requests that fall outside the general uses will be reviewed for eligibility by MDHA senior management. Services are to be recorded in the HMIS system in order to record impacts of the Flex Fund in client stability and path out of homelessness.

### Financial Internal Controls

Flex Fund utilization and financial records will be monitored by the MDHA Board appointed Finance Committee and is subject to the financial policies and procedures of MDHA. The Flex Fund will be audited annually. A portion of the Flex Fund contributions will be used to pay for the administration of the fund including request reviews, payment administration and financial management. The amount will not exceed 10%.

## AGENCY PARTICIPATION

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All current *Continuum of Care Program, Emergency Shelter* recipients and designated United Way agencies may participate in the Flex Fund Program. Participant agencies must be in HMIS.

## ELIGIBLE CLIENTS

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Flex Fund assistance is intended to improve the self-sufficiency of persons that meet the HUD homeless definition. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, generally defines an individual or family as homeless if that individual/family, “lacks a fixed, regular, and adequate nighttime residence,” or “has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation,” or lives, “in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)...”

The Flex Fund targets unsheltered and emergency sheltered populations. As the Flex Fund grows, use will expand to include transitional housing, or COC funded permanent supportive housing where the fund can assist in access to permanent housing or stabilize a client at risk of losing housing.

## ELIGIBLE EXPENDITURES

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Flex Fund assistance must directly support a client’s ability to gain self-sufficiency by accessing or retaining housing, employment, and health care. Items fall into the following categories of assistance:

- **Critical Documents**  
Documentation needed to overcome barriers to employment, housing, etc. Examples include driver’s license, state identification card, birth certificate, and student records.
- **Employment & Training**  
Items needed for specific employment or job training. Examples include uniforms, boots, tools, personal protective equipment, and certification, GED exam or licensing fees.
- **Health Care**  
Items needed to improve a person’s health. Examples include co-pays, prescriptions, medical equipment, eyeglasses, and wheelchairs.
- **Housing/Household**  
Items needed to sustain housing, household safety, and accessibility. Examples include alarm clocks, basic household furniture, cleaning supplies, fire extinguishers, flashlights, kitchen utensils, cookware, linens, small appliances, window blinds, and grab bars.
- **Transportation**  
Car registration, bus passes, taxi fare, gas vouchers, tires, Greyhound tickets to return to locales with stable family supports, or minor car repairs.

Specific Items that are not included are:

- Tuition and books
- Probation Fees
- Furniture (outside of basic household furniture)

## PROOF OF LAST RESORT

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The Flex Fund program is designed as a fund of last resort. Agency staff wishing to access the fund are expected to have utilized or attempted to utilize all applicable existing funds and resources, and be able to state that no other existing community resources can meet the specific need. (Existence of client income or assets does not necessarily preclude use the fund. However, agency staff must explain why the client cannot pay for the need out of his/her funds, and record this in HMIS.)

***Example: A client needs a pair of steel-toed black boots size 12.5 in order to go to work for a construction contractor. The agency contacted the Career Closet and none were available. Documentation would include date and time of conversation(s) with agencies, or a copy of the email showing the request was made and none were available.***

## REQUESTS FOR EXCEPTIONS

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The Flex Fund program is meant to fill an unmet need for small assistance that has a high impact on self-sufficiency. The list of eligible items is NOT exhaustive.

If agency staff has any concern about the eligibility of an item, they should submit a request to MDHA at [FLEX@MDHADallas.org](mailto:FLEX@MDHADallas.org), and advocate for the specific need and its connection to the client's self-sufficiency.

## PAYMENT PROCESS

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The following description assumes that the person utilizing the fund on behalf of the client is a case manager, since this is the typical user. It is not meant to preclude other trained agency staff.

Here are the four steps the case manager goes through:

**HMIS:** The case manager ensures that the client has a current record in HMIS, and is enrolled in active case management, having been accurately assessed, within the last 90 days. (The client may be in another agency's program.)

**FLEX FUND REQUEST:** The case manager completes the MDHA Flex Fund Request Form (marked Flex-General), attaches all necessary documentation, converts them to pdf, and submits via email to [FLEX@MDHADallas.org](mailto:FLEX@MDHADallas.org). The form asks for basic info of the client, the solution needed, including cost and vendor, articulation of how this will help him or her resolve their homelessness, and explanation of why other resources cannot provide this solution.

**PAYMENT:** MDHA approves and provides payment made out directly to the vendor (payment is NEVER made to the client or the case manager) in one of three methods:

- Check – Case manager picks up the check from MDHA, and delivers it to the vendor. (At times MDHA staff may deliver the check as a courtesy.)

- Credit Card/Online – MDHA pays the vendor online and/or through credit card, confirms payment and emails a receipt to the case manager.
- Agency Reimbursement – Agency pays the vendor, and is reimbursed by MDHA. (Agency must still get the payment preapproved, in advance.)

REPORT: MDHA reports all details above in the client records in HMIS, so MDHA, as well as present and future case managers may follow up.

\*HMIS use requires payment of HMIS User Fees. Fees are reviewed annually by the HMIS Governance Committee and approved by the CoC/MDHA board.

\*\* These rules do not apply to one day DART bus passes. These are purchased by MDHA in bulk, and distributed to clients, through partner agencies, and by MDHA directly.

## Dallas Furniture Bank

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Flex Fund assistance is intended to improve the self-sufficiency of persons that meet the HUD homeless definition, including those recently housed, and in need of basic furniture but have no other resources to obtain furniture. As stated above in this manual, the Flex Fund program is intended to be used, as a last resort, and this includes requests for furniture. Furniture requests can be used for furniture from the Dallas Furniture Bank only, and must follow these guidelines:

- Clients may request up to 5 basic items of furniture plus a bed frame from the list below to be purchased through the flex fund.
- Clients may independently purchase non-basic furniture items such as rugs and lamps if they choose to do so. Items purchased independently by a client on the client's designated appointment day may be included in the delivery at no additional charge to the client.
- Clients must provide their ID and a current copy of their lease on their designated shopping day.
- Clients may shop only during their designated appointment, unless other arrangements have been made with the Dallas Furniture Bank in advance.

**Case manager must submit a MDHA Furniture Flex Fund Request Form (marked Flex-DFA), in place of the standard MDHA Flex Fund Request Form.**

Once approved, the case manager will receive an e-mail from MDHA staff with further instructions on how to obtain the furniture from the Dallas Furniture Bank. Please do not contact Dallas Furniture Bank directly unless instructed to do so by MDHA staff.



## FLEX-General

### MDHA Flex Fund Request Form

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ HMIS ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Requesting Agency Name: \_\_\_\_\_

Type of Payment Request: ☐ Online Payment ☐ Paper Check ☐ Agency Reimbursement

Payee Information: \_\_\_\_\_

ITEM DESCRIPTION	CATEGORY (Mark "X")					Amount
	Critical Documents	Employment & Training	Healthcare	Housing	Transportation	
TOTAL AMOUNT OF REQUEST:						

#### CASE MANAGER NOTES:

*How does this request improve the client's ability to achieve housing, employment or self-sufficiency?*

*Detail why there are no other resources or funds for the request?*

*By our signatures, we affirm that the client in a CoC, Emergency Shelter or Street Outreach program. The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

#### PRINT CLEARLY

Case Manager Signature: (X) \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Case Manager Email: \_\_\_\_\_

Case Manager Telephone: \_\_\_\_\_

Agency Supervisor/Program Manager Signature: \_\_\_\_\_

MDHA Approval: \_\_\_\_\_

#### AGENCY INSTRUCTIONS:

Submit this form and ALL Documentation/Receipts/Invoice clearly detailing the Payee, Amount and Method of payment required.

Submissions must be scanned to pdf and emailed to:  
Flex@MDHADallas.org

## MDHA Furniture Flex Fund Request Form

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ HMIS ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Requesting Agency Name: \_\_\_\_\_

Twin or Full Bed (Matt/Box) _____		Sofa Sleeper _____
Queen Bed (Matt/Box) _____		Upholstered Chair _____
Crib (New) _____		Side Chair (Living Room) _____
Nightstand _____		End Table _____
Chest of Drawers _____		Coffee Table _____
Dresser _____		Dining Table (2 Chairs) _____
Loveseat _____		Dining Table (4 Chairs) _____
Sofa _____		Side Chair (Dining) _____
Bed Frame (New Twin/Full) _____		Total Items _____
<b>***NOTE: Items are not guaranteed in stock.</b>		

### CASE MANAGER NOTES:

*How does this request improve the client's ability to achieve housing, employment or self-sufficiency?*

*Detail why there are no other resources or funds for the request?*

*By our signatures, we affirm that the client in a CoC, Emergency Shelter or Street Outreach program. The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

### PRINT CLEARLY

Case Manager Signature: (X) \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Case Manager Email: \_\_\_\_\_

Case Manager Telephone: \_\_\_\_\_

Agency Supervisor/Program Manager Signature: \_\_\_\_\_

MDHA Approval: \_\_\_\_\_

### AGENCY INSTRUCTIONS:

Submissions must be scanned to pdf and emailed to:  
Flex@MDHADallas.org