Molly Brostrom
Domestic Policy Council

Box 6: Housing

Fatherhood Initiative
Millard Fuller/Medal of Honor 9/96
Habitat II
HOME Program
National Homeownership Strategy
Homeownership: FHA
Little Rock Hsg Authority
Lead-Based Paint Remediation
Low-Income Housing Tax Credit
Manufactured Housing/Hunnicutt
Native Am. Housing
NIMBY & Housing
NOI Security SErvices
Occupancy Standards
One Strike
Pension Fund Initiative
Performance Partnership & HUD
Preservation
Reverse Mortgage Program
Section 203K
Seniors Housing
Tenant-Based Housing
Tenant Opportunity Program
Urban Strategy Report/Accomplshmts
Urban Record
Vouchers Briefing
Portfolio Reengineering
MTM: Background
Leon Weiner/MTM
MTM Tax Relief
1/97 Admin. Public Hsg Amends
Brooke Amend
Public Housing
5/96 Public Housing Summit
Homeownership for Public Housing
HOPE VI Awards 10/96
New Orleans Public Hsg Agreement
Sweeps and PHAs
Public Hsg Reform--Conference: Admin Position
Public Hsg Reform--Analyses
Public Hsg Bill--letters

Public Hsg Bill--Native Americans
4/95 HUD Articles
HUD Reinvention
HUD--Housing & Comm Devlpt
HUD '93 NPR Agreement
HUD Testimony

Clinton Presidential Records
Digital Records Marker

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Fathers and Families: Changing the Rules

Henry G. Cisneros

Secretary of Housing and Urban Development

December 1996

Seventh in a series of essays

HARTFORD HOUSING AUTHORITY
FAMILY REUNIFICATION MODEL
PRESENTATION

THE HARTFORD HOUSING AUTHORITY 'S FAMILY REUNIFICATION MODEL

GOAL: TO REUNITE 100 FAMILIES (i.e. BY BRINGING FATHERS BACK TO THEIR CHILDREN) IN CHARTER OAK TERRACE OVER A SIX MONTH PERIOD.

The goal is to focus on the 100 families first, but not to the exclusion of the other families in public housing. This "Model" is designed to develop a process whereby all the benefits that can and should be available to all families in public housing is better understood, better communicated, and rapidly made available to **all** families in public housing.

WHO IS ELIGIBLE FOR THIS PROGRAM?

Fathers who are bona fide residents of the Charter Oak Terrace Housing Development or who have children who are bona fide residents of Charter Oak Terrace (not to exceed 50%).

WHAT ARE THE INCENTIVES TO JOIN THE PROGRAM?

1) Reunification of the fathers with their children
2) Employment

HOW DOES THE PROGRAM WORK?

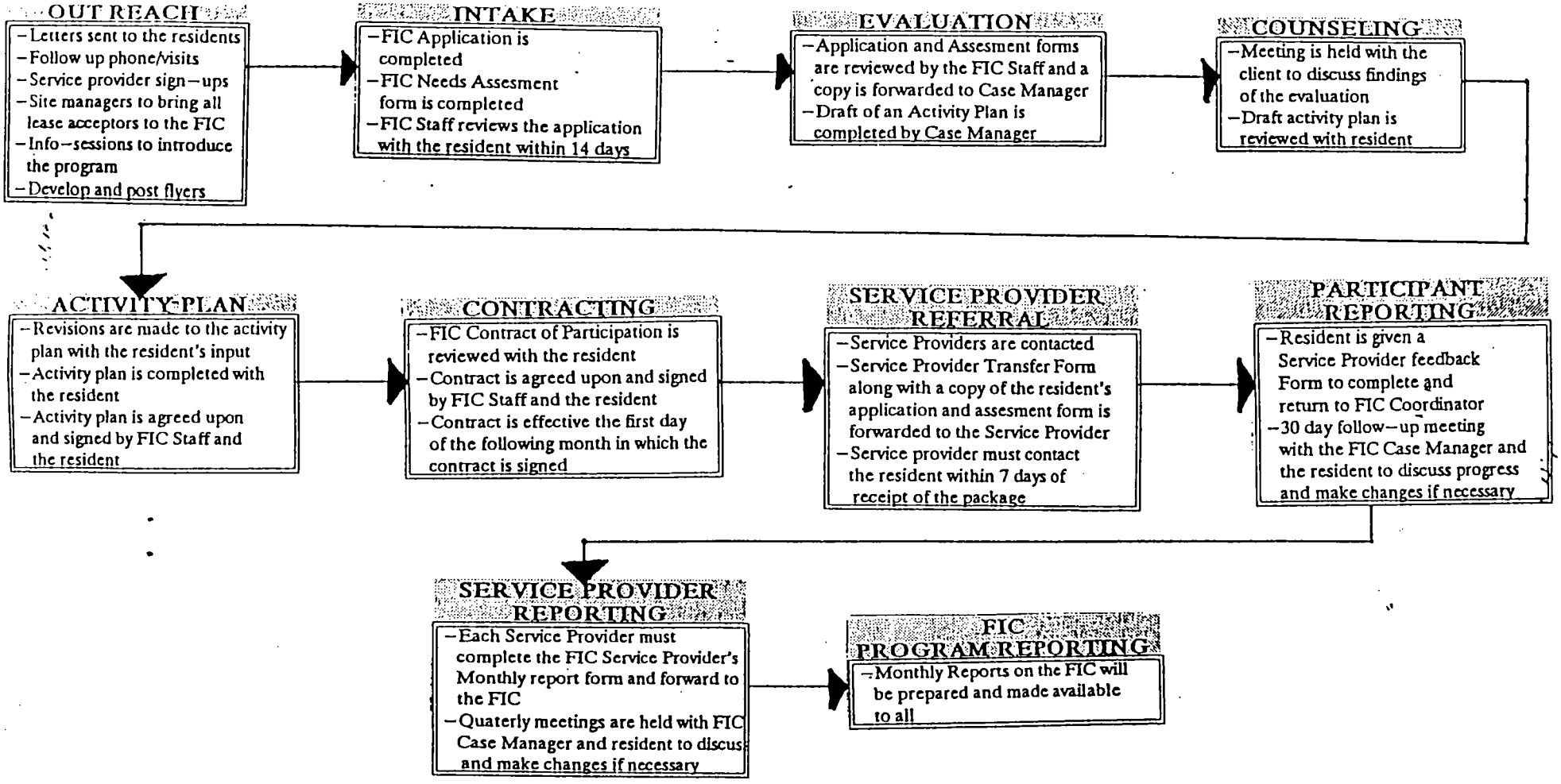
Outreach, Screening and Assessments will be done through the **FAMILY INVESTMENT CENTER.**

THE ROLE OF THE FAMILY INVESTMENT CENTER

It is the role of the Family Investment Center (FIC) staff to assess the training and service needs of residents to ensure that the needed services, exist in the development. The FIC staff must work with the FIC Service Providers to tailor the services they provides to meet the specific needs and characteristics of the residents. The FIC staff must also monitor and evaluate the delivery, impact and effectiveness of the services provided to ensure that the needs of the residents are being met. Participating residents are asked to complete a Service Provider Feed Back Form and each FIC Service Provider is also required to provide monthly reports to the FIC Director.

The goal of the Family Investment Center is to provide the residents who participate in the program the necessary tools to become self-sufficient and independent. A resident is considered to be self-sufficient when they become employed and independent when they are no longer receiving any form of public assistance.

Family Investment Center Flow Chart



HARTFORD HOUSING AUTHORITY
FAMILY INVESTMENT CENTER APPLICATION

Name _____ Address _____

Phone Number _____

How long have you been a resident of the Hartford Housing Authority? _____ yrs. No. of BR currently _____

Household Composition

Family Member	Social Security	Sex	Place of Birth	Date of Birth	Ethnicity
Head					

**If the space provided above is not enough, please attach a sheet of paper to the application with the remaining information.

Annual Income

Family Member	Wages/ Salaries	AFDC	Social Security/ Pensions, etc.	City Assistance	Other
Head					
Totals	$	$	$	$	
				Total Annual Household Income	

*Attach current 50058.

**If the space provided above is not enough, please attach a sheet of paper to the application with the remaining information.

Education & Training

		Please check highest grade completed			
Family Member	Elementary (Specify)	6-8	9 10 11 12	University (Specify)	Technical School
Head					

Are all school age children living in your home attending school? Yes[ ] No[ ]

If they are not currently attending school, please explain below:

_____

_____

Do you have your high school diploma or GED? Yes[ ] No[ ]

Do you have a college degree? Yes[ ] No[ ]

If YES, fill in school: _____

degree/major: _____

Have you attended and completed any training programs? Yes[ ] No[ ]

If YES, fill in program: _____

type of training: _____

Do you speak[ ] or write[ ] in languages other than English? Yes[ ] No[ ]

If YES, fill in which language(s) _____

Family Investment Center Application

Name_____

Transportation

Do you have you own transportation available? Yes[ ] No[ ]

Do you have a valid driver's license? Yes[ ] No[ ]

Child Care

Do you need child care in order to attend school or work? Yes[ ] No[ ]

Work Experience

Are you or other members of your household presently employed? Yes[ ] No[ ]

Please list the two most important previous jobs held starting with the most recent:

Household Member:_____

Employer: _____

Address: _____

Dates: From:_____ To:_____

Phone No:( )_____

Employer: _____

Address: _____

Dates: From_____ To_____

Phone No:( )_____

Household Member:_____

Employer: _____

Address: _____

Dates: From:_____ To:_____

Phone No:( )_____

Employer: _____

Address: _____

Dates: From_____ To_____

Phone No:( )_____

References

Please identify two persons (not family members) as possible references:

Name:_____ Telephone ( ) _____

Address:_____

Name:_____ Telephone ( ) _____

Address:_____

Why do you want to enroll in the Family Investment Center Program? _____

_____

_____

_____

_____

I/We,_____hereby authorize the Hartford Housing Authority to contact any previous employer, instructor and law enforcement agency for the purposes of verifying and evaluating the family's aplication.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

HARTFORD HOUSING AUTHORITY

FAMILY INVESTMENT CENTER
RESIDENT NEEDS ASSESSMENT FORM

1. How long have you lived in the city of Hartford?
   ____Under a year
   ____1-4 years
   ____5-9 years
   ____10-14 years
   ____Over 15 years

2. Race:
   ____Afro-American ____Hispanic _____White
   ____Other (Please Specify)_____

3. What is your age? _____

4. How many children in the following age groups presently live in your household?
   ____Under five
   ____5-10
   ____11-15
   ____16-18

5. How many adults over the age of 18 live in your household including yourself?
   _____

6. What is your marital status?
   ____Single
   ____Married
   ____Widowed
   ____Separated
   ____Divorced

7. What is the highest level of education that you have completed?
   ____Grade School
   ____High School
   ____GED
   ____Attended College
   ____Graduated College

8. What is your job or occupation? _____

9. What is your approximate monthly income?_____

10. What job or occupation would you like to have? _____

11. Are you willing to take the steps needed to get that job? _____

12. Do you have your own transportation or do you rely on public transportation?
    _____

13. From this list of problems choose three that you think are the most serious in your community.

____Marital Conflict
____Family Conflict
____Racial Conflict
____Mental Retardation
____Physical Disabilities
____Alcoholism
____Poverty
____Problems With Senior Citizens
____Drug Abuse
____AIDS/HIV
____Rape
____Child Abuse
____Venereal Diseases
____Unemployment
____Crime
____Gangs
____Juvenile Delinquency
____Problems with Raising Children
____School Problems
____Other

14. Would you like to attend a workshop that focused on any one of these topics?
____Yes ____No

15. What do you think are the three (3) major problems in the schools?
a)_____
b)_____
c)_____

16. Do you have a support system of family and/or friends and do you turn to them when you are in need? _____

17. If you had a family or personal problem, would you seek help from a counseling agency? ____Yes ____No

18. What factors, if any, would keep you from seeking help from a counseling agency or any other service center?

____Lack of transportation
____Agency is not open when help is needed
____Other_____
____Location of the agency
____Don't know any agency
____Fear of what others may think

19. What are the two most effective ways of informing you about services provided in your community?

____Television
____Word of mouth
____Radio
____Mail
____Educational Talks
____Pamphlets
____Local Newspaper
____Other_____

20. What sports or hobbies are of interest to you? _____
_____
_____

21. Select all of the following services that you would like to have available to you:
    ____Employment Training
    ____Interviewing Skills
    ____Help with Family Problems
    ____Parent Education
    ____Counseling with Children
    ____Alcohol Education
    ____Drug Abuse Counseling
    ____Suicide Prevention
    ____Marriage Counseling
    ____Alcohol Abuse Counseling
    ____Counseling Adults
    ____Budgeting Money Workshops
    ____Others_____

22. Are you enrolled in:
    ____High School/GED? ____Vocational Classes?
    ____College? ____Job Training?
    If yes, where? _____

23. Are you employed? ____Yes ____No
    If yes, please complete the following:
    Occupation:_____
    Employer:_____
    Address:_____
    Phone:_____Income_____
    How long have you been employed by the company? _____
    Are you _____Full-time? ____Part-time?

24. What other agencies have you sought assistance from? _____
    _____

25. Explain why you would like to join the FIC Program and what you expect to gain from this program?_____
    _____
    _____
    _____
    _____.

FAMILY INVESTMENT CENTER PROGRAM
CONTRACT OF PARTICIPATION

This Contract of Participation for the Family Investment Center Program is entered into between Hartford Housing Authority (HHA) and _____.

1. **Purpose of Contract.** The purpose of this FIC Contract is to set forth the provisions of the FIC program, to specify the resources and appropriate supportive services to be provided, subject to availability, to the participating family and to specify the responsibilities and obligations of the participating family.

2. **Effective Date of Contract.** This Contract will be effective on the first day of the month following execution.

3. **Term of Contract.**

   a. The term of this contract is for five (5) years.

   b. If requested in writing to do so by the participating family, the HHA will extend the term of the contract for no more than two additional years provided the HHA finds that good cause exists for granting the extension. Good cause as used in this paragraph means circumstances beyond the control of the participating family as determined by the HHA. Any extension approved by the HHA shall be made by amending this contract.

4. **Resources and Supportive Services.** The resources and supportive services to be provided, subject to availability, to the head of the participating family and each participating family member under this contract during the period the family is participating in the FIC program are stated in the individual training and services plans which are exhibits to this contract.

5. **Obligations of the Participating Family.** During the term of this contract, the head and all participating family members shall complete the activities within the completion dates stated in the individual training and service plans. Further, the participating family designated in this contract shall seek (e.g. apply and interview for jobs) and, after completion of applicable job training programs specified in the individual training and services plan, maintain suitable employment based on the skills and education of that individual and available job opportunities. The determination of suitability of the employment shall be made by the HHA in consultation with the head of the participating family.

6. **Modification.** This contract can be modified in writing with respect to the individual training and services plans.

7. **Conflict with the Hartford Housing Authority Lease.** In the case of conflict between the provisions of this contract and the housing authority lease, the provisions of the lease will prevail.

8. **Completion of the Contract of Participation.** The HHA has sole responsibility for determining whether all participating family members have completed their obligations under this contract, including the requirements of each individual training and service plan, and when the head of the participating family has obtained and maintained suitable employment.

9. **Termination of the Contract of Participation.** This Contract may be terminated before expiration of the term by any of the following:

a. when the HHA determines that the head or participating family member has failed to fulfill the terms of this contract and any extension thereof.

b. withdrawal of the family for the FIC program.

c. mutual consent of the parties.

d. by such other act as is deemed inconsistent with the purpose of the FIC program.

e. by operation of law.

f. when the family is no longer receiving any State, local or other public assistance for housing in accordance with paragraph.

10. **Family Provision of Information.** The family agrees to cooperate in evaluation studies of the FIC program and to provide to the HHA, HUD and HUD's representatives or agents data on participation in the FIC program, such as information regarding employment, job interviews, job training, educational attendance, and other FIC services and activities.

Signatures:

HARTFORD HOUSING AUTHORITY

By:_____ _____
FIC Representative Date

By:_____ _____
(Signature of head of family) Date

FIC SERVICE PROVIDER MONTHLY REPORT FORM

SERVICE PROVIDER NAME:_____

SERVICE PROVIDER LOCATION:_____

CONTACT PERSON:_____

DATE:_____

STAFF NAME:_____

TOTAL MONTHLY HOURS WORKED:_____

HOURLY RATE_____

Client's Name/#	Age	Sex	Race	Contact Hours	Number of Contact	Service Provided

COMMENTS_____

_____

_____

_____

SERVICE PROVIDER SIGNATURE:_____

FIC COORDINATOR'S SIGNATURE:_____

HARTFORD HOUSING AUTHORITY FAMILY RESTORATION CONTRACT

This document sets forth conditions, requirements, expectations, and goals for fathers who have acknowledged paternity and have accepted responsibility for minor children upon returning to the household to unite with their families. It is herein agreed upon that the items listed below are of mutual agreement, are entered into with free will, and, are to the best of the knowledge of the signatories, true.

This document also serves as a conditional contract for employability, which includes eligibility for job opportunities and training programs.

1. Fathers enrolled in this program are expected to act as role models. They are to become actively involved in community-based issues, especially centered around employment and education. They will be required to take a leadership role by becoming an active member of the Tenant Association in their community.

2. Fathers will be not be involved with drugs or associate with individuals or groups who sell or consume illegal substances.

3. Continued employment will be contingent upon the father remaining a permanent part of the household. Earnings from employment are to be used for the support of family, with the goal of self-sufficiency, which will result in financial independence.

4. Employment opportunities will be made available through this program for fathers not rejoining their families, but who have children who are residents of Charter Oak Terrace. While living in the community will not be part of his agreement, all other conditions will apply, including financial, emotional and other forms of paternal support. They must be able to meet additional eligibility criteria developed for fathers in this class, which shall be known as: **Fathers of Bona Fide Residents.**

5. Families/mothers must report additional family members, and income resulting from the return of the fathers, or the earnings from participation of the **Fathers of Bona Fide Residents,** to the State of Connecticut's Department of Social Services. Departments governing Aide to Families With Dependent Children and The Child Support Unit must be notified within thirty days of signing this agreement.

6. Families participating in the Family Restoration Contract are expected to pay rent on time. Rent is due the first of each month.

7. Fathers enrolled are required to demonstrate positive behaviors. Family interaction is encouraged; but physical or mental abuse are absolutely prohibited.

8. Fathers are to achieve self-reliance with regard to home maintenance and repair, to the extent of exposure received and physical capabilities. This includes general repairs and grounds keeping and is not intended to encompass items that require licenses or permits.

9. Families under this agreement are required to enroll and remain in HHA's Family Investment Program and are to seek out and participate in programs that will assist in achieving a healthy family. These include communication skills enhancement, parenting, individual and group counseling, and programs which promote the well being of the children.

10. Fathers signing this agreement will be tested for illegal drugs by a qualified testing provider six weeks after entering into this contract. All future participants will undergo drug testing prior to entering into this contract. They will be required to be drug free at that time. They will also be tested periodically at random. The Hartford Housing Authority will absorb the cost of testing.

11. Upon successful satisfaction of these conditions, the Housing Authority of the City of Hartford will, in writing, certify that the signatory of this contract is drug free. This document will be provided to potential employers and will serve as a recommendation and endorsement as to the dependability and stability of the signatory.

FATHER: I _____, who reside at _____, have read and understood this contract. My signature acknowledges my commitment to abide by its terms. I understand that adherence to the conditions is necessary to maintain employment, training (and housing if applicable), enjoyed as a result of this agreement.

_____ _____
Father Date

MOTHER: I _____, who reside at _____, have read and understood this contract and agree to assist my partner in upholding it and to provide the moral and emotional support necessary to sustain it. I understand that the goal will be to make my entire family beneficiaries of these actions.

_____ _____
Mother Date

The Housing Authority of the City of Hartford herein pledges to support returning fathers in their endeavor to successfully complete the terms of this contract. It further commits its resources towards the achievement of self-sufficiency and restoration of self-esteem leading to the unification of the family.

_____ _____
HHA Executive Director Date

_____
WITNESS

revised: 4/15/96 MWR
MWR:SM/tm
REF:FAMILY.RESTORATION

4/14

Casey + Ford Fonds docity
"Family Man"

CT

- time limits on welfare, plus
- child care, med'l care for 2 yrs
guarantee

John Wardlaw, CT Hsg Auth

Pub Hsg
97% f head h'hold

Clinton - physical + social transformation
Charter Cab - tap into community educ, tech resources + create living-learning ctrs

Camps of Lrns
- applications due at end of May
- waivers will be granted to allow phys Δ's + human Δ's

Robert Glenn
~~Glen Brown~~, D. Ed

Ch. 1 Pt. A req'g school compacts
policy documents
- can set aside % of funds for parent tng, parent literacy
Pt. B - Even Start

changes designed to get more parents involved

Family Involvement Partnership Initiative (Sec. Riley)

John Wardlaw: Hartford working ~~to~~ to build housing for people, not for the poor, and make it aff'ble. Oppty to buy some day if desired.
Goal is to put themselves out of business.

OFFICE OF THE VICE PRESIDENT
WASHINGTON

PUBLIC HOUSING FATHERHOOD INITIATIVE
April 16, 1996
Vice President's Ceremonial Office

AGENDA

Welcome and Introductions	Nancy Hoit
Presentation of Charter Oaks Fatherhood Project	John Wardlaw
Presentation of Baltimore Fatherhood Project	Joe Jones Myron Turner
Description of Campuses for Learners Initiative	Clare Doyle

Response from Federal Agencies

Comments from President's and Vice President's Staff

Comments from Connecticut Delegation

Requests for Federal Action

Next Steps and Commitment from Agencies

LIST OF ATTENDEES FOR MEETING ON APRIL 16TH 3 - 5 PM
Discussion on Fatherhood Issues: Hartford's Charter Oak Development

White House

BILL CURRY, Counselor to the President

NANCY HOIT, Advisor to the Vice President

ELAINE KAMARCK, Senior Domestic Policy Advisor

GAYNOR McCOWN, Domestic Policy Council

MOLLY BROSTROM, Domestic Policy Council

National Performance Review

BEVERLY GODWIN, National Performance Review

LISA MALLORY, National Performance Review

JUDI GOLD, National Performance Review

HELEN JEAN NEWMAN, National Performance Review

Connecticut Representatives

JOHN D. WARDLAW
Executive Director, Hartford Housing Authority

VICTOR RUSH
Coordinator for the Family Self Sufficiency Program

JOYCE THOMAS
Commissioner of the Department of Social Services

DENNIS KING
Executive Assistant for Urban Affairs
Executive Office of the Governor

NICHOLAS CARBONE
President, Connecticut Institute of Municipal Studies

JOHN T. FORD
Department of Social Services

ANTHONY A. DINALLO
Department of Social Services

Baltimore Healthy Start / Father Involvement Program

JOE JONES
Director, Baltimore Healthy Start

MYRON TURNER
Participant, Baltimore Healthy Start

Annie Casey Foundation

RALPH SMITH
Director

ELLEN PAGLIARO
Associate Director

HUD

KEVIN MARCHMAN
Assistant Secretary for Public Housing

MARY LOU CRANE
Secretaries Representative for New England

CLARE DOYLE
Special Assistant to the Secretary

HHS

ANN ROSEWATER
Deputy Assistant Secretary

ANNE DONOVAN
Special Assistant to the Deputy Director
Office of Child Support Enforcement

JOHN MONAHAN
Director of Intergovernmental Affairs

ROBERT GLENN

ANNE SEGAL

Education

JUDY WURTZEL
Special Assistant to the Under Secretary

DOL

STEPHANIE POWERS
Employment and Training Division

DOJ

REGGIE ROBINSON
Deputy Assistant Attorney General

The transformation of the welfare system in the State of Connecticut has begun. The changes run deep. They are based on a renewed commitment to the work ethic and the principle that people are willing to take personal responsibility for their economic well-being. Our vision is to turn welfare rolls into payrolls.

To assure that this vision becomes a reality, people within the current welfare system must be given every opportunity to secure employment. That's why there's *"Jobs First,"* a program from the Department of Social Services in partnership with Connecticut employers, designed to place people currently on welfare into productive jobs.

People With The Skills And Desire To Make A Contribution To Your Business.

The facts about welfare recipients may surprise you:

- Most people on welfare are eager to get off public assistance.
- Welfare recipients come from all walks of life, from entry level to advanced degrees, from skilled factory labor to high-tech professionals...all people of Connecticut who just want to get off welfare and get back on their feet.
- Within the welfare rolls could be *the next key employee you hire.*

"Jobs First" Makes It Easy.

With *"Jobs First,"* we've made it fast and convenient for your company to tap into this large reservoir of employee talent. Here are some of the additional benefits of this unique program:

- Assistance in picking the candidate who directly fits your job opportunity.
- Income support and medical coverage for the employee.
- Child care support for the employee.

It Can Start With A Single Phone Call.

It's so easy to take advantage of *"Jobs First."*

Just pick up the phone and call 1-800-392-2122 at the Connecticut Economic Resource Center, Inc. (CERC) and ask for *"Jobs First."* The CERC will put you in touch with a trained placement professional who'll guide you through a simple process to fit the right person with the right job.

Connecticut Department of Social Services
Replacing welfare with work.

Jobs.

In Partnership With

1-800-392-2122

It's Time To Give Welfare Recipients What They Really Want.

STATE OF CONNECTICUT
DEPARTMENT OF
SOCIAL SERVICES

Connecticut's Welfare Reform *at a Glance*

August 1995

Time limits

- 21 months of benefits for employable recipients.
- no time limit for unemployable recipients.

Earnings incentive

- families can keep all earnings up to federal poverty level ($12,980 a year for a family of three) with no reduction in benefits.

Child care

- help with child care costs, up to $325 a month per child.
- child care assistance continues after leaving welfare for work as long as household income is below 75% of state median income ($37,351 for a family of three).

Health care

- Medicaid, which pays for health care, continues for up to two years after leaving welfare for work.

Job placement

- help with job search and job search skill training.
- job placement services.
- assessment.
- classroom training, adult basic education, English as a second language.
- work experience.

Deprivation requirement eliminated

- families can receive help even if both parents are in the home (formerly children had to be deprived of oneparent's support).

Child support enforcement services

- locating absent parents.
- establishing paternity.
- getting, changing and enforcing support orders.
- collecting and distributing child support to families.

Family cap

- families who have children while on welfare will receive half of the increase that normally would be granted for an additional household member.

Fraud reduction

- to reduce fraud, families will be required to cooperate with digital imaging.

Other benefits

- families can save up to $3000 in savings or other assets.
- families can own a reliable car so they can look for work or go to work.
- many families receive food stamps.
- not counting earnings of dependent students.
- simplified eligibility rules so workers can spend time helping clients get ready for work.

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

John G. Rowland
Governor

Joyce A. Thomas
Commissioner

Updated April 1996