



## Advocate’s Guide to Using the Barrier Busting Fund

**This document should be reviewed by supervisors and direct support staff of Partner Agencies prior to submitting requests to the Barrier Busting Fund. Please reach out if you have any questions. We’re here to help!**

- Each expense that the Barrier Busting Fund pays for must be directly connected to: **(1)** a specific, eligible client, **(2)** a specific barrier to housing, and **(3)** a specific, stable housing opportunity.
- Household lifetime limit of \$2,000.
- Households may access more than one category of expense types, and requests for funding can be submitted multiple times for the same household.
- Questions? Please email [admin@centraloregonfuse.org](mailto:admin@centraloregonfuse.org) or text **541-843-0868** for a more immediate response.

Housing Navigation Support	Move-In Assistance	Strategic Retention of Subsidized Clients	End of Life Compassionate Care
Expenses incurred prior to identifying a potential housing unit, or during the application process.	Expenses related to moving into a housing unit, prior to signing lease or within the first two weeks of moving in.	For eligible expenses during the first 30 days of tenancy for households that previously met the definition of unhoused.	For unhoused clients who have been referred to hospice for end of life support.
<ul style="list-style-type: none"> <li>• Fees related to obtaining identification documents.</li> <li>• Transportation support for housing-related needs, including gift cards for gas.</li> <li>• Housing application fees</li> <li>• Addressing past property debt or utility arrearsr .</li> <li>• Costs associated with appealing a denial for tenancy.</li> <li>• Expenses related to credit improvement</li> <li>• Expenses related to criminal history expungement</li> <li>• Rent Well / Ready to Rent</li> <li>• Translation support</li> </ul>	<ul style="list-style-type: none"> <li>• Security / pet deposit.</li> <li>• Utility deposit.</li> <li>• Unit holds/fees.</li> <li>• Paying holds/past due utility bills that prevent a client from setting up new utilities.</li> <li>• HQS inspection.</li> <li>• Renters insurance</li> <li>• Moving truck rental.</li> <li>• Travel costs &amp; per diem meal expenses for transit to verified out-of-area housing opportunity.</li> <li>• Unit modifications for approved accessibility accommodations.</li> <li>• Gift card to WalMart for household supplies (max \$200)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency utility assistance <i>(if LIHEAP, etc. isn't available)</i></li> <li>• Reasonable modifications of unit for approved accessibility modifications.</li> <li>• Gift card to WalMart for household supplies (max \$200)</li> </ul>	<ul style="list-style-type: none"> <li>• Client living expenses allowing them to receive end of life care at a friend, relative, or a community member’s home if mainstream hospice resources are not able to meet individual needs.</li> <li>• Flexible assistance to support family members and pet needs.</li> <li>• Funeral or memorial service arrangements.</li> </ul>

*The listed expenses are examples and are not intended to be a commitment of support. This list is not exhaustive. Partners are encouraged to reach out to discuss any unique expenses. As this is a pilot program, expense eligibility may change.*

## Reimbursement of Pre-Approved Expenses

In order to expedite support, Partner Agencies (*or possibly their individual staff members*) may opt to request reimbursement for pre-approved barrier busting expenses.

- Invoiced expenses submitted to FUSE must include a receipt or other written documentation, and a completed Expense Request Form for each client household.
- **Reimbursement total is limited to \$1,000 per month** unless communicated otherwise.
- Only the following four expenses are eligible for reimbursement without receiving written approval from FUSE staff. Please reach out to us ahead of time if you are unsure. Each of these is also eligible for the standard BBF payment process, but these may be more time sensitive and/or administratively easier to pay for in real time.
- **Clients must still meet BBF eligibility requirements and Housing Opportunity requirements.**

### List of Expenses that are Eligible for Reimbursing Partners Without Prior Approval:

1. Replacement or Renewal Oregon Drivers License or Photo ID
2. Ordering Birth, Death, Marriage, or Divorce certificate, including expedited shipping, if needed

**Note: This list of expenses not requiring pre-approval was shortened on July 3, 2023. Please reach out to FUSE staff if you have any questions.**

## Ineligible Expenses

- **Client rent** (*depending on BBF funding available, a waiver may be possible. Please inquire.*)
- **Eviction prevention** (*expenses incurred more than 30 days after move-in*)
- **Reimbursement** of previously incurred expenses unless expense was on the list of Pre-Approved Expenses of prior approval was granted.
- **Expenses that are not specific to an unhoused individual or household** (*ie; general program expenses.*)
- **Vehicle expense** (*waiver may be available for chronically homeless individuals*)
- **Hotel/motel stays**
- **Expenses for which mainstream resources, other program funding, or health insurance could be utilized.**

Please note that FUSE cannot be listed as a responsible party in a contract or provide a credit card to serve "on file" (*ie; as a security deposit for a U-Haul rental.*)

**Partner Agency staff will be required to confirm that the following are true when submitting a BBF Expense Request Form:**

### #1. Client is Eligible

**A: Individual or Household is a current, active client of Partner Agency** (*As defined by Partner Agency. No documentation required.*)

**B: Partner Agency is acting in support of client's goals, and is committed to providing support through the housing placement process.** (*FUSE will never have direct contact with your client.*)

**C: Individual or Household is Currently Unhoused in Central Oregon:**

- Unsheltered (*in a place not meant for human habitation, such as a car, tent, or shed*)
- Emergency Shelter (*such as a severe weather shelter or the Bethlehem Inn*)
- Non-Traditional Transitional Housing (*such as tiny home village or sanctioned camp*)

- Transitional Housing (*housing program with a duration of two years or less, such as a sober living house or Rapid ReHousing, and client was unhoused prior to entering*)
- Institutional/Inpatient Program (*client is exiting an inpatient recovery program, jail, prison, an institutional facility after having been unhoused in Central Oregon prior to entering*)
- Couch surfing or doubled-up (*living environment that is precarious, unsafe, or doesn't provide appropriate space*)

**Living Situations Making Client Ineligible:**

- On a lease for more than 30 days and at risk of eviction.
- Currently unhoused outside of Central Oregon and wishing to move into the region.
- Exiting jail, inpatient treatment, or an institutional facility without having been documented as unhoused in Central Oregon prior to entering.

**#2. Expense is Eligible**

- While the expense does not need to appear specifically on the list of expense types, it **must be connected to a specific barrier to housing**.
- The expense **cannot be on the list of Ineligible Expenses** (*we want to work with you though, so please reach out if you have questions*)
- **FUSE reserves the right to determine that we are unable to pay a particular expense for any reason.** Partner Agencies are entitled to learn the reasoning, and entitled to submit a formal appeal.
- Partner agencies are responsible for ensuring Barrier Busting Fund sustainability by **utilizing other resources whenever possible**. The BBF should not pay for expenses that could be covered by mainstream resources (*OHP, DHS, etc.*) or that could be covered by other designated funding. We trust advocates judgement and professionalism, and appreciate your partnership in supporting this unique resource.

**#3. Housing Opportunity is Eligible**

- **Housing must be likely to happen within six months** (*there is a reasonable chance that the client will be successful in achieving this housing opportunity, with appropriate support*).
- **Safe** (*structurally safe, has utilities, and client will not be at risk of being physically or emotionally abused, coerced, or threatened while living here*).
- **Legal** (*no laws are being broken in this housing process. The lease is standard, and client is giving a full and truthful account to you and to the landlord. If moving into a travel trailer or RV, my client has legal permission from the landowner to occupy the space, and utilities are in place*).
- **Sustainable** (Staff member has seen documentation or had a direct conversation with the relevant third party to verify that this housing opportunity is affordable to the client [with or without a subsidy], sustainable, and expected to be secure for at least nine months).
- **Housing opportunity does not need to be in Central Oregon** (*Advocate must verify a safe & stable placement.*)

**FUSE will reach out for an update on your client's housing outcome 6-8 weeks after payment is made.**

*Thank you for your work supporting our community members on their journey to exit homelessness.  
Please reach out if you have any questions or suggestions.*

# FUSE Housing Barrier Busting Fund

## Process for Advocates of Partner Agencies

Step #1

You ("Advocate") identifies that your unhoused client has a barrier between them and an opportunity for stable housing.

Step #2

Explore available resources to meet the need.

Step #3

Does it qualify for the Barrier Busting Fund?

- A: Eligible Client
- B: Eligible Housing Opportunity
- C: Eligible Expense

Step #4

*Optional: reach out to FUSE to informally confirm eligibility, discuss needs, and alert us to an urgent request.*

To be most efficient, we have three options for the payment process:

Step #5

**FUSE Approves, then Reimburses Expense/s**

Advocate submits online Expense Request Form, *or* shares full details on phone call with FUSE.

FUSE confirms eligibility and directs the Advocate to make the payment directly.

Payment to third party is made by Advocate's agency (*\*or, with pre-approval, an individual acting on the agency's behalf*).

Advocate submits Expense Request Form with receipts for reimbursement.

FUSE reimburses expense/s via check to agency or approved individual.

Step #5

**FUSE Pays On Behalf of Client**

Advocate submits online Expense Request Form

FUSE contacts Advocate to notify of approval status and confirm details.

FUSE makes payment/s directly to third party (ie; landlord))

FUSE confirms receipt with Advocate, who informs their client.

Step #5

**FUSE Reimburses Pre-Approved Expense/s**

Advocate uses their best judgement to assess that:  
**A:** Client is eligible,  
**B:** Housing opportunity is eligible, and  
**C:** the expense is on the list of Pre-Approved Expenses in the "Advocates Guide to the BBF." (*prior approval from FUSE is not needed*)

Payment to third party is made by Advocate's agency or an individual acting on the agency's behalf.

Advocate submits Expense Request Form with receipts for reimbursement.

FUSE reimburses expense/s via check to agency or individual.

**FUSE reaches out to Advocate in 6 weeks to learn about client's housing status.**



## Barrier Busting Fund (BBF) Expense Request Form

The Barrier-Busting Fund is available to mitigate hurdles to housing opportunities for our community members experiencing homelessness. **Before completing this form, please read through it completely and ensure the following basic requirements are met:**

1. Client is currently unhoused in Central Oregon and actively in services with your agency.
2. Client has a specific opportunity to access stable, long-term housing.
3. Requesting agency has a partner agreement in place with Central Oregon FUSE.
4. Agency has prioritized and exhausted all other resources before applying to access the Barrier-Busting Fund.
5. Advocate is acting on client wishes and is committed to supporting them to follow through on accessing this housing opportunity.

Questions about this form? Contact [info@centraloregonfuse.com](mailto:info@centraloregonfuse.com) or call/text 541-241-6148.

A: REQUESTOR INFORMATION	
Agency Name	
Requesting Advocate First Name	Last Name
Advocate Title	
Advocate Email	Phone

B: CLIENT HOUSEHOLD INFORMATION	
Head of Household First Name	Last Name
Other names used by the client	Client Date of Birth
Name(s) of additional adults (18+) in household	
First	Last
First	Last
First	Last
Total number of adults + children in the household	
Has this household previously accessed the Barrier-Busting Fund? Yes No Unsure <i>(If Yes, please note date and known details here and skip to Section D: Housing Opportunity Information.)</i>	

	Head of Household	Household Member #2	Household Member #3	Household Member #4	Household Member #5
Gender					
Age ( <i>Approximate is okay</i> )					
Race					
Ethnicity					
Is this person living with a disabling condition or a chronic health condition?					
Does this person have health insurance coverage?					
If known, what type of health care coverage?					

**C: HOMELESS STATUS VERIFICATION**

**What is this client's current homeless status?** Please include the name of the housing or shelter program, if applicable.

**Which of these best describe where your client is currently living?**

**Unsheltered** (*in a place not meant for human habitation*)

**Emergency Shelter**

**Non-Traditional Transitional Housing** (*such as tiny home village or sanctioned camp*)

**Transitional Housing** (*housing program with a duration of two years or less, such as a sober living house or Rapid ReHousing, and client was unhoused in Central Oregon prior to entering*)

**Institutional/Inpatient Program** (*client is exiting an inpatient recovery program, jail, prison, an institutional facility and was unhoused in Central Oregon prior to entering*)

**Couch surfing or doubled-up** (*in a living environment that is precarious, unsafe, or doesn't provide appropriate space*)

**Other** (*If none of the above options describe their living situation, you may add detail here*)

**Please note that those in the following living situations are not eligible to access the Barrier-Busting Fund**

1. *On a lease for more than 30 days and at risk of homelessness.*
2. *Currently unhoused outside of Central Oregon and wishing to move into the region.*
3. *Exiting jail, inpatient treatment, or an institutional facility without having been documented as unhoused prior to entering.*

**How is client's current homelessness status documented?**

Documented outreach interactions (*if I represent an agency that provides street outreach*).

Shelter intake (*if I represent a shelter provider*).

Transitional Housing intake (*if I represent a Transitional Housing provider*).

Documented in HMIS (*if my agency utilizes HMIS*).

Documented in an internal client database or medical record system.

None of the other options are already in existence. If requested, I will submit a signed, dated letter on agency letterhead attesting to client's current housing situation.

Other:

<b>County of residence</b>	<b>City or area of residence</b>	<b>Approximate duration of homelessness</b>
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**Advocate, please confirm the following statement about your client's housing status is true** (*initial in the space provided*).

\_\_\_\_ I confirm that my client is currently unhoused or at risk of homelessness, and I can provide further documentation if requested.

**Barriers to stable housing this household has experienced.** Check all that apply.

- |  |   |
|--|---|
| Lack of housing options that are affordable        | Survivor of domestic violence           |
| Poor or no credit history                          | Survivor of human trafficking           |
| Past eviction or no rental history                 | Discrimination based on protected class |
| Criminal history                                   |   |
| Behavioral health concern                          |   |
| Substance use disorder (past or present)           |   |
| Physical health concern                            |   |
| Companion animal not permitted or prohibitive fees |   |
| Other:   |   |

**SAMPLE FORM ONLY**  
**Do Not Use**

**D: HOUSING OPPORTUNITY INFORMATION**

**Please briefly describe your client’s housing opportunity, including applicable information such as program name, location, application status, and expected move-in date, as applicable.**

**Type of Assistance Requested**

- Housing Navigation** - Expenses incurred prior to identifying a potential housing unit, or during application process.
- Move-in Assistance** - Expenses related to moving into a housing unit; prior to signing lease or within 15 days of move-in.
- Strategic Retention Support** - For eligible expenses during the first 30 days of tenancy for a client whose prior homeless status is documented. *Fund cannot pay client rent and is not intended for eviction prevention at this time.*
- End of Life Compassionate Care** - For unhoused clients who have been referred to hospice for end of life support and for expenses not eligible for Medicaid or Medicare coverage.

**Housing Type:** *Must be likely to happen within six months, safe, legal, and expected to last at least nine months. Additional documentation may be required but does not need to be submitted at this time. Please select all that apply.*

- Current housing voucher holder.
- Current participant in a PSH or RRH program that includes a long-term rental subsidy.
- Currently applying to market-rate housing unit/s.
- Near the top of waitlist/s for subsidized, affordable housing.
- Applying for or entering Transitional Housing or an Inpatient Program with a minimum duration of 9 Months.
- Pursuing stable housing opportunity with family or friends. *(See additional questions below.)*
- Pursuing stable housing opportunity outside of Central Oregon. *(See additional questions below.)*
- Applying for or entering Permanent Supportive Housing.
- Applying for or entering an educational, employment, or job skills program that includes housing and is a minimum duration of 9 months.
- Referred by medical provider to enter hospice for end-of-life care.
- Other:

**If your client is pursuing a housing opportunity outside of Central Oregon and/or an informal arrangement with family or friends, please describe how you have verified that this is a sustainable and safe opportunity.**

***SAMPLE FORM ONLY***

***Do Not Use***

**Advocate, please confirm the following statements about your client's housing opportunity are true** (*initial in spaces provided*).

Housing is LIKELY TO HAPPEN. I believe there is a reasonable chance that my client will be successful in achieving this housing opportunity within six months, with appropriate support.

Housing is SUSTAINABLE. I have seen documentation or had a direct conversation with the relevant third party to verify that this housing opportunity is affordable, sustainable, and expected to be secure for at least nine months.

Housing is SAFE: I have verified that my client will be at risk of being physically or emotionally abused, coerced, or threatened while living here. The building is structurally safe, utilities are, or will soon be in place, and premises are secure.

Housing is LEGAL: I have verified that no laws are being broken in this housing process. The lease is standard, and client is giving a full and truthful account to you and to the landlord. If moving into a travel trailer or RV, my client has legal permission from the landowner to occupy the space, and utilities are in place.



**E: ACCOMMODATION REQUEST & ATTESTATION**

**Reasonable Accommodation:** Please indicate if you are submitting an accommodation request for a waiver to Barrier Busting Fund program guidelines.  
Accommodation request attached.

**Advocate: Please sign below to confirm that the following statements are true.**

- I am acting on my client’s wishes and I am committed to supporting them to follow through on accessing this housing opportunity.
- The information submitted here is true and accurate to the best of my knowledge, and I have made reasonable attempts to obtain third-party documentation and confirm statements made by my client.
- I am operating within the policies and procedures of the agency with whom I am employed.
- This client is a current, active participant in services provided by my agency.
- My agency adheres to Fair Housing laws and non-discrimination policies.
- I have a Release of Information that lists Central Oregon FUSE in place with my client, or have their express permission to share their personal information to secure BBF funds.
- I will collaborate with FUSE in a timely manner to facilitate this request.
- I understand that FUSE will contact me to follow up on the outcome of this housing opportunity. My client and I are both willing to share with FUSE the housing outcome and how effective the Barrier-Busting Fund support was in accessing the housing opportunity. Unless stated otherwise, this information may be anonymized to share in future funding applications.
- **I understand that failure to abide by these requirements will jeopardize my agency’s ability to access Barrier Busting Funds in the future.**

**Advocate Signature**

**Advocate Printed Name**

**Date**

***SAMPLE FORM ONLY***  
***Do Not Use***

**Please list any other resources that have been used and exhausted for this need:**



FUSE will respond as soon as possible to this request, usually within 3-5 business days. If this request is urgent, please email [info@centraloregonfuse.org](mailto:info@centraloregonfuse.org) and text 541-241-6148.

Thank you for your work supporting our community members in exiting homelessness. We appreciate your partnership and we hope that your client will soon have a safe and stable place to call home.

***SAMPLE FORM ONLY***  
***Do Not Use***

**SAMPLE FORM ONLY**