



## **Application for Hurricane/Disaster Relief: HIV Prevention & Assistance**

**Change Happens is a 501c3 charitable organization that empowers people to help themselves. When Hurricane Harvey struck Houston, Change Happens created a Disaster Relief Fund to serve affected families. Due to a generous donation from AIDS United and the Elton John AIDS Foundation, Change Happens is able to cover costs of essential items for those negatively impacted by Harvey.**

### **Eligible applicants are...**

- Must be a person living HIV/AIDS (PLWHA) or at-risk of HIV
- Must be impacted by Hurricane Harvey and lived in disaster area
- Must show valid identification (state/government issued identification)
- Must show documentation of storm damage or HIV/AIDS status, as requested
- Must be in need of items/assistance necessary for survival and/or reasonable quality of life such as food, transportation, furniture, clothing, and shelter assistance.

### **Application process:**

- Applications must complete a hard copy or online application
- Applicants will be notified by Change Happens staff within eight business days, if their request is approved or denied. Change Happens may be in contact about verifying HIV status, address, and/or damaged items.

### **Applications will be denied if:**

- False information is provided
- Non-essential items are requested
- Multiple requests are made by same family
- Applicant does not meet eligibility criteria

Maximum amount of funding per family/individual is \$250 - \$500. All awards will be issued in the form of a check on a first come, first serve basis. If approved, applicant will visit Change Happens on 3353 Elgin St to verify identity and sign form. Please contact Change Happens at [info@changehappenstx.org](mailto:info@changehappenstx.org) if you have any questions.



This program targets people living with HIV/AIDS and people who are at high risk for contracting HIV. Some questions asked on this application will address HIV status and/or risk. Please Complete ALL Information on the following page.

**Contact Information**

First and Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Pre-disaster Address**

Address Line 1 \_\_\_\_\_

Apartment / Unit Number \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Current Address** (if different from pre-disaster address)

Address Line 1 \_\_\_\_\_

Apartment / Unit Number \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

How many people reside in your home? \_\_\_\_\_

**Type of assistance needed** (Select up to 3):

Food  Transportation  Furniture  Clothing  Shelter

**Amount of funds needed:** \$ \_\_\_\_\_

<b><i>Office Use Only:</i></b>



**Please answer the following questions:** *(Check Your Answer)*

- 1) Have you ever tested positive for HIV? **Yes**  **No**   
*\*If yes, please attach documentation (letter of status or result form)*  
*\*If no, skip to question 2.*

Are you currently receiving HIV case management? **Yes**  **No**   
 Who is your treatment provider? \_\_\_\_\_

Do you consent to Change Happens staff verifying, your HIV status with your treatment provider? **Yes**  **No**

- 2) Has a member of your family ever participated in a Change Happens program?  
**Yes**  **No**  If yes, which program? \_\_\_\_\_

- 3) Was your primary residence severely damaged by Hurricane Harvey? (*"Primary residence" is the place you live the majority of the year. "Severely damaged" means your residence had standing water or damage to the roof of your home.*) **Yes**  **No**

If yes, what was damaged? What is the approximate cost?  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4) Have you exhausted other options for obtaining financial and disaster relief assistance?  
**Yes**  **No**

**By checking this box, I attest that the information provided is accurate to the best of my knowledge and I give the Change Happens permission to verify the stated damage to my residence.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this document via email at [info@changehappenstx.org](mailto:info@changehappenstx.org). Please put **'Attn: HIV Dept. Disaster Relief Application'** in the subject line. Applications can be submitted in person to the 2<sup>nd</sup> Floor Receptionist desk at Change Happens (3353 Elgin St., Houston, TX 77004).

<b>For office use only:</b>	
_____ Verification: ___/___/___	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: ___/___/___
_____ Assessment Date ___/___/___	_____ Funds Disbursement ___/___/___