



## Community of Care Network Neighbor Application

### **What is the Community of Care Network (CCN)?**

The CCN is a pilot program that trains volunteers in the community to be “community mentors” to “Neighbors” who are newly housed after experiencing homelessness or housing instability. These volunteers are called “Community Friends” or “Friends.” CCN Friends have completed 3 levels of training that have helped them better understand the experience of poverty and homelessness, how to empathize and connect with those who have endured these experiences, and how to help Neighbors identify and build on their strengths to achieve their personal goals. CCN friends will work in pairs and will meet with you over the next year to learn from you, share wisdom with you, and support you as you work toward stability.

### **Am I eligible to participate as a Neighbor?**

A person living in the Greater Williamsburg area who has received housing case management within the last 6 months may be eligible to apply. A Neighbor should work with their case manager when their case management services are expected to end (within 90 days) to apply and be referred to the CCN Pilot.

### **How do I apply to be a Neighbor in the CCN Pilot?**

Work with your current housing case manager to complete this two-part application if your case management services are expected to end within the next 3 months. Applications will be submitted to the United Way Community Assistance Network (CAN), and can be emailed to [CAN@uwvp.org](mailto:CAN@uwvp.org). Once your application is submitted, the CCN Pilot Team will review it, and eligible applicants will be matched with a pair of CCN Friends.

In addition to this application, please also include:

- You're a signed Consent Form and/or Release of Information
- A Rapid Rehousing application or other document that shows housing history





**Part 1: Neighbor Application**  
**To be completed by the referring case manager**

1. Describe the individual's current housing situation.
  - a. Living in what type of housing
  
  - b. Who is the person or agency responsible for the rent?
  
  - c. How long do you expect this person to be able to stay there?
  
  - d. What are the sleeping arrangements?
  
  - e. Other Notes
  
2. Will you have any continued contact with the Neighbor?                      Yes                      No
  - a. If yes, please provide the name, phone number, and email address for the person we might call with questions.
  
3. CCN referrals require that there be some stability in the Neighbor's situation. To your knowledge:
  - a. Is the Neighbor compliant with mental health treatments and medications, and do they have a provider for refills?
  
  
  - b. Is the Neighbor actively misusing substances, which means either illegal drugs or drugs such as alcohol in amounts that impair their ability to parent, work, or drive?
  
  
  - c. Does the Neighbor have serious medical or mental health diagnoses for which they are being treated?
  
4. How do you think the CCN Community Friend pair can help this Neighbor?