



# **FAMILY RESOURCE HUB**



## **DOCUMENTS & VITAL RECORDS**

COMPILED BY  
[www.educaredc.org](http://www.educaredc.org)



# THE CHEVY CHASE PRESBYTERIAN CHURCH

## Transition Assistance Program (TAP)

- The Transition Assistance Program (TAP), an outreach mission of the Chevy Chase Presbyterian Church, provides direct services to working and unemployed, often homeless individuals who come to the church for assistance.
- TAP helps people obtain identification documents (birth certificates and non-driver's license IDs) needed for employment and referrals. TAP serves people from the entire Washington metropolitan area, with most people coming from the city.
- More than 50 agencies refer clients to TAP. Many are referred to us from shelters for the homeless, city agencies, and substance abuse treatment programs.
- The program is staffed by more than 15 volunteers who interview clients, work in the TAP office, and help with food. TAP always welcomes new volunteers.

**TAP IS AVAILABLE FOR IN-  
PERSON SERVICES TUESDAYS  
ONLY FROM 9:00AM-11:30AM  
CALL NOW: (202)-363-4817**



# TANF for District Families



Through the TANF program customers gain access to supportive services including but not limited to:

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**TANF Employment Program (TEP)**

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**Childcare Subsidy**

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**Behavioral, Mental Health, and Substance Abuse Support**

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**Tuition Assistance Program Initiative for TANF (TAPIT)**

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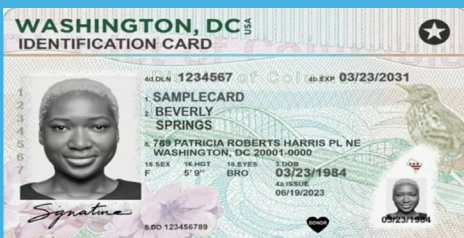
**[How to Apply](#)**

No  
Fee!!!

## Non-Drivers ID

### How to Obtain DMV Non-Driver Identification Card for Individuals Experiencing Homelessness

- An individual experiencing homelessness may request assistance obtaining an identification card (or case manager/outreach worker identifies a need to assist a client with obtaining an identification card).
- In order to acquire a voucher, an applicant must be currently experiencing homelessness and prove their identity with a birth certificate and social security card.
- Below you will find contact information of Certified Providers for those currently experiencing homelessness and seeking information to obtain a DMV non-drivers identification card.



#### Service Contact:

Homeless Service Program Office

Contact Phone:

(202) 399-7093

Contact Suite #:

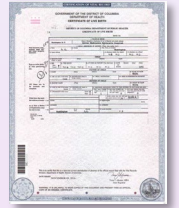
5th Floor

Office Hours:

Monday to Friday, 8:15 am to 4:45 pm,  
except District holidays

## No Fee Birth Certificate Program

**The DHS No-Fee Birth Certificate Program**, in partnership with DOH, is designed to reduce the barrier to obtaining a birth certificate for District-born residents who have or are experiencing homelessness.



**The program provides two related services:**

- Brand new self-service kiosks at the Office of Vital Records
- An automated electronic form

*Click here*

*The voucher is used to provide the birth certificate at no cost to the client.*

**No Fee Birth Certificate Program:**

- Instructions for No-Fee Birth Certificate Program
- DHS No-Fee Birth Certificate Program FACT Sheet
- No Fee Birth Certificate Form
- DHS No Fee Birth Certificate Process Workflow Diagram



DC | DEPARTMENT OF HUMAN SERVICES

**Service Contact:**

Homeless Service Program Office

Contact Phone:

(202) 399-7093

Contact Suite #:

5th Floor

Office Hours:

Monday to Friday, 8:15 am to 4:45 pm, except  
District holidays

# Get your birth certificate

## FREE IN DC

[dhs.dc.gov/nofeebcvoucher](https://dhs.dc.gov/nofeebcvoucher)



Tell your case manager, social worker, or service provider that you need help obtaining your birth certificate.



Born in DC and experiencing homelessness? You may be eligible for a voucher to get your birth certificate for free.



Your provider will check the District's Homeless Management Information System (HMIS) to make sure your homelessness is documented.



If appropriate, your provider will complete an electronic voucher form, submit it, and (after approval) give you a hard copy to take with you. Keep it in a safe place.



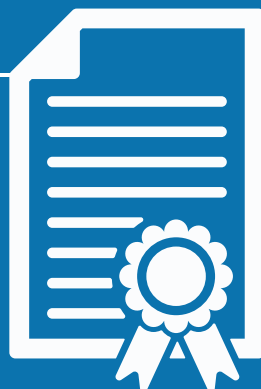
When you're notified by your provider that everything is in place, take your voucher to DC Health's Vital Records Division at 899 North Capitol Street NE.



The Department of Human Services (DHS) will make sure everything is in order, upload your voucher to your HMIS record, and assign you to the No-Fee Birth Certificate Program in HMIS.



If you successfully complete the DC Health identity verification process, present your paper voucher so DC Health can look you up in HMIS. If the records match, your birth certificate will be issued at no cost to you. Congratulations!



DC DEPARTMENT OF HUMAN SERVICES

DC HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR





# IMPORTANT INFORMATION AND FACTS ABOUT DHS NO-FEE BIRTH CERTIFICATE PROGRAM

## WHAT IS THE NO-FEE BIRTH CERTIFICATE PROGRAM?

The DHS No-Fee Birth Certificate Program, in partnership with the DC Department of Health, is designed to reduce the barrier to obtaining a birth certificate for District-born residents who have or are experiencing homelessness. The program provides two related services:

- Brand new self-service kiosks at the Office of Vital Records provided by DOH make it easier for all District-born residents to verify their identity through advanced technology.
- An automated electronic form provided by DHS that Homeless Services Providers must complete on behalf of a client to request a no-fee birth certificate voucher. Once completed and submitted to DHS, the electronic form can be printed and given to the client in hard copy, which the client must present to the Department of Health (DOH) upon successful completion of DOH's identity verification process. The voucher is used to provide the birth certificate at no cost to the client.

## HOW DOES THE NO-FEE BIRTH CERTIFICATE PROGRAM WORK?

1. **Educate Yourself:** The first thing to do is learn about the program by visiting the [DHS](#) and/or [DOH](#) websites. If you are a homeless services provider, which is a community organization that provides services within the District of Columbia Continuum of Care (CoC) and enters client-level data into the District's Homeless Management Information System (HMIS), then you are eligible to initiate the process on behalf of District-born clients experiencing homelessness. A non-exhaustive list of homeless services providers is available [here](#). If you need help understanding how the District defines homelessness, [click here](#).
2. **Initiate the Application:** If you are ready to initiate the application for a No-Fee Birth Certificate Voucher on behalf of a client, then visit <http://www.coordinatedentry.com/forms.html> and click on the No-Fee Birth Certificate Form.
3. **Submit the Application Electronically:** There is no need to do anything by hand. The form is completely electronic, so please fill out all of the required information electronically, sign the form electronically, and submit the form electronically. But remember, the client's homelessness must be documented in HMIS in order for the application to be approved, so make sure a valid HMIS number is included before you submit the form.
4. **Wait for Approval.** DHS will review the application, upload it to the client's record in HMIS, and send you a signed approval if everything is in order - so until you receive an approved form (with signature) back from a DHS representative, then keep waiting. If you have not received an approval within 24-48 hours, email [nofeebc@dc.gov](mailto:nofeebc@dc.gov) so they can look into it.



# IMPORTANT INFORMATION AND FACTS ABOUT DHS NO-FEE BIRTH CERTIFICATE PROGRAM

## HOW DOES THE NO-FEE BIRTH CERTIFICATE PROGRAM WORK?

### 5. Prepare the Client:

- a. Once you receive notification that the voucher has been approved, you'll get a copy of the final document with DHS's signature on it. Please print that final copy and provide it to your client, so they can take it to the Department of Health Office of Vital Records. The client can use this voucher as a form of payment if they successfully verify their identity with DOH.
- b. Homeless Services Providers should thoroughly explain the DOH identity verification process to clients so they know what to expect and have the opportunity to compile applicable documents prior to their visit to DOH. While DOH staff will be onsite to assist customers, Homeless Services Provider staff should accompany clients that are particularly vulnerable, including those suffering from behavioral health disorders and individuals with limited English proficiency. **Note:** DOH is unable to provide appointments for the kiosk - it is a first-come, first-served basis. To learn more about DOH's identity verification requirements, [click here](#). When the individual arrives at DOH, they should proceed to the Registration Desk and let the DOH staff know that they have a voucher before using the kiosk. The client will then proceed with the identity verification process at a kiosk.

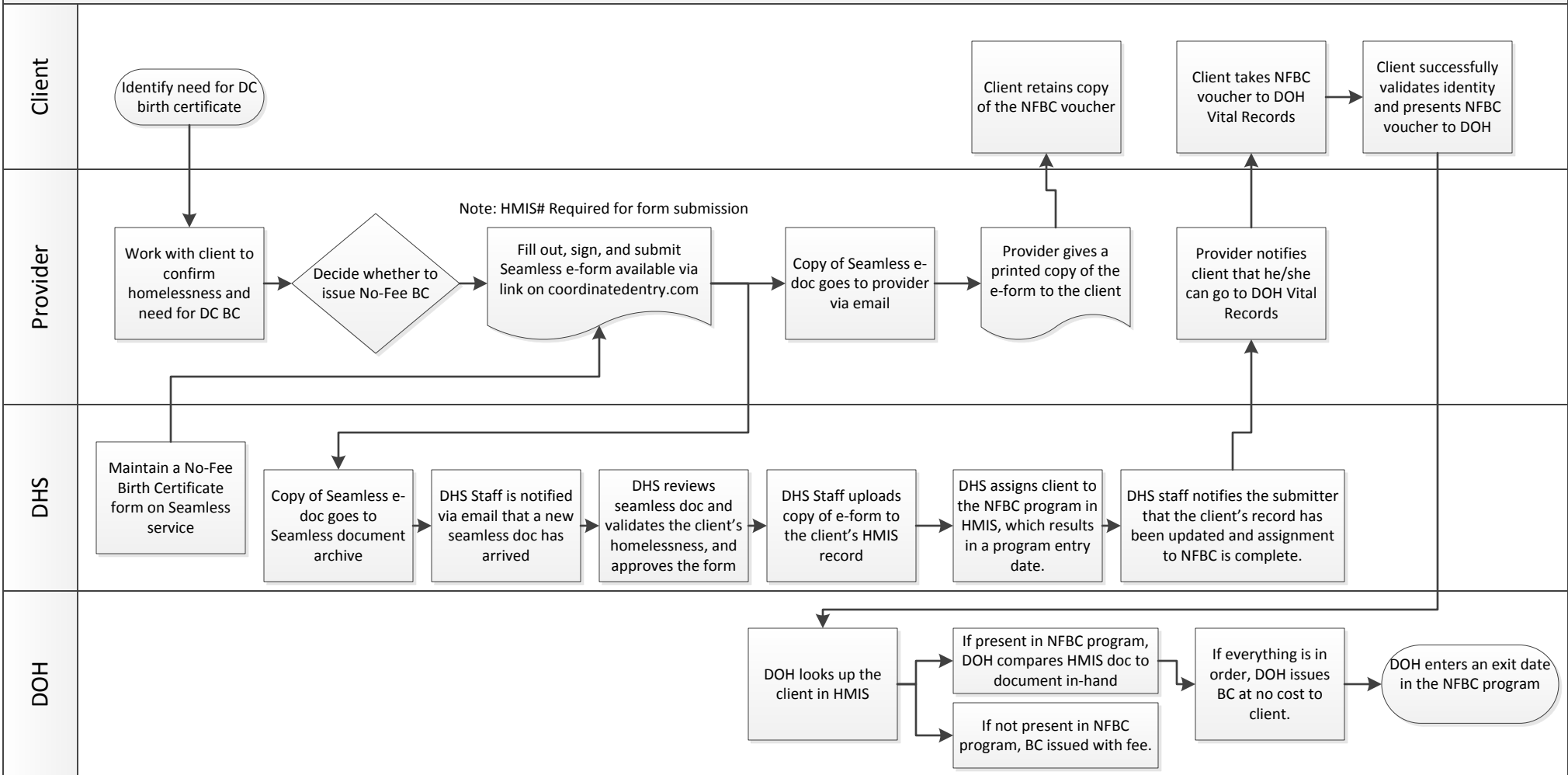
6. **Client Submits Voucher as Payment.** Upon successful completion of the identity verification process, DOH will determine whether a birth certificate can be issued. If so, the client should inform DOH staff that they have a voucher, so the fee can be waived. DOH staff will look up the client in HMIS Program 1829 - DHS-No-Fee Birth Certificates Program. If present, DOH staff will compare the client's HMIS record to the voucher presented in person and decide whether to accept the voucher as payment. If accepted, DOH staff will issue the birth certificate at no cost to the client and exit the client from the No-Fee Birth Certificates Program in HMIS. A client can only use a no-fee birth certificate voucher once per fiscal year.

7. **Client Picks Up Birth Certificate.** Clients that have successfully completed the identity verification process will receive a kiosk receipt. Birth certificates are generally available same day; however, some records require archive retrieval, which may take 4-6 weeks.



# No-Fee Birth Certificate Workflow

Phase





DC

DEPARTMENT of HUMAN SERVICES

### NO FEE BIRTH CERTIFICATE VOUCHER FORM

District-born residents experiencing homelessness are eligible for a free Birth Certificate from the Department of Health Vital Records Division. This form may be used to obtain a No Fee Birth Certificate<sup>1</sup> when certified by an approved Department of Human Services social service provider. All necessary documentation for proof of identity is still required to receive a Birth Certificate from the D.C. Department of Health.

#### APPLICANT INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth</b>	<b>Social Security</b>	<b>HMIS ID</b>

#### Parent Information (if applicant is under 18 years of age)

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth</b>	<b>Social Security</b>	<b>HMIS ID</b>

#### History of Homelessness

First Time Homelessness  Continuously Homeless for more than one year

Four (4) or more episodes of homelessness in the past three (3) years

#### Reason for Request

Initial Request  Replacement of Lost or Stolen Birth Certificate

#### CERTIFIED/SOCIAL SERVICE PROVIDER INFORMATION

**Organization Name**

<b>Address</b>	<b>Suite/Unit Number</b>	<b>City, State</b>	<b>Zip Code</b>
		Washington, DC	
<b>Contact Person Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>	
<b>Certifier (check one)</b>			<b>DC Tax ID/Tax Exempt ID Number</b>
<input type="checkbox"/> DC Tax ID <input type="checkbox"/> DC Tax Exempt ID			

#### SIGNATURE

Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both (D.C. Official Code §22-2405)

I hereby certify that the applicant is a homeless resident of the District of Columbia and the Information contained on this application is true and correct.

Certifier Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### DHS USE ONLY

DHS Representative Name: \_\_\_\_\_ DHS Representative Signature: \_\_\_\_\_

Birth Certificate Voucher Request Approved:  Yes  No **Date Voucher Issued:** \_\_\_\_\_

<sup>1</sup> Residents experiencing homelessness may use a no fee voucher to receive one birth certificate per fiscal year.  
 If you have questions, please call 202-698-4166. To confidentially report waste, fraud or abuse by any DC Government Agency or official, call the DC Inspector General at 1-800-521-1639.

**Please follow the instructions below when submitting your application.**

Please note: **THE D.C. REGISTRAR MAY, AT ANY TIME, REQUEST ADDITIONAL DOCUMENTATION TO HELP DETERMINE THE IDENTITY OR ELIGIBILITY OF THE APPLICANT.**

1. A separate application form must be submitted for each individual certificate being requested, and a separate VitalChek Processing Fee is required for each separate application.  
 ("LexisNexis VitalChek Network Inc. is in partnership with the District of Columbia Dept. of Health to enable enhanced electronic processing of mail-in vital record applications.")
2. Current identification (as listed on the table below) is required for each certificate being requested. Expired IDs will not be accepted.

**SEND WITH COMPLETED APPLICATION**

Choose 1 Primary ID, <u>OR</u> at least 3 Secondary IDs (if Primary ID is not available)			
<b>PRIMARY ID (1)</b>	Valid, unexpired State-issued driver's license	Valid, unexpired Passport	Valid, unexpired State-issued ID Card (non-driver)
OR			
<b>SECONDARY ID (3 or more)</b>	W-2 Form or current, filed tax form	Current utility bill showing full name and address	
	Current pay stub	School ID with transcript	
	Work ID with photo	Veteran ID	
	Social Security Card with signature	Notarized letter from parent listed on certificate	
	Voter Registration Card	Valid Department of Corrections ID Card with photo, accompanied by probation documents or discharge papers	
	Court Order	Car registration or title with current name and address	
	Military ID or Selective Service Card	Federal Government Census Record	

3. Only the persons named on the certificate (Mother, Father, or Child), an immediate family member or a legal representative are eligible to receive DC birth certificates. If you are not one of the persons named on the birth certificate, you must also send additional documentation (as shown below) with your completed application to prove your relationship to the person named on the certificate or your legal need to the certificate.

**SEND WITH COMPLETED APPLICATION**

Relationship to Person Named on Certificate	Additional Documentation Required (in addition to the required identification listed above)
Sibling or Adult Child	A copy of your birth certificate
Grandparent	A copy of your child's birth certificate
Adult Grandchild	A copy of your birth certificate, <u>and</u> a copy of your parent's birth certificate which names your grandparent
Legal Guardian	A copy of the valid guardianship papers certified by the court naming you as legal guardian
Social Worker	A copy of your work ID, <u>and</u> A letter from the parent (or legal guardian), a court order, or a letter from your organization (on official letterhead, signed by a supervisor) stating your professional relationship to the person named on the certificate being requested
Attorney	A signed document stating you have been retained by your client (such as a retainment or engagement letter), documentation establishing a legal or tangible interest in the record (such as court paperwork), or a letter (on official letterhead) stating your professional relationship to the person named on the certificate being requested
Other	Documentation providing legal, tangible interest in the certificate being requested

4. **If the record you requested is not located, a "Certificate of Search" will be issued.** As the request was processed and the certificate was searched for, both the Agency Certificate Fee and the VitalChek Processing Fee are non-refundable.
5. Please mail your completed application, along with identification and additional documentation (if required), to:

**Department of Health  
 Vital Records Division  
 ATTN: New Applications Dept.  
 899 North Capitol St., NE, 1<sup>st</sup> Floor  
 Washington, DC 20002**

**For expedited order placement  
 and processing please visit  
[www.VitalChek.com.](http://www.VitalChek.com)**

6. Please allow 5 to 7 business days for your application to be received prior to calling our customer service department with any questions about your application. We can be reached at 1-877-572-6332.



# DC Access Mobile Application: How to Check Benefits

## Procedure

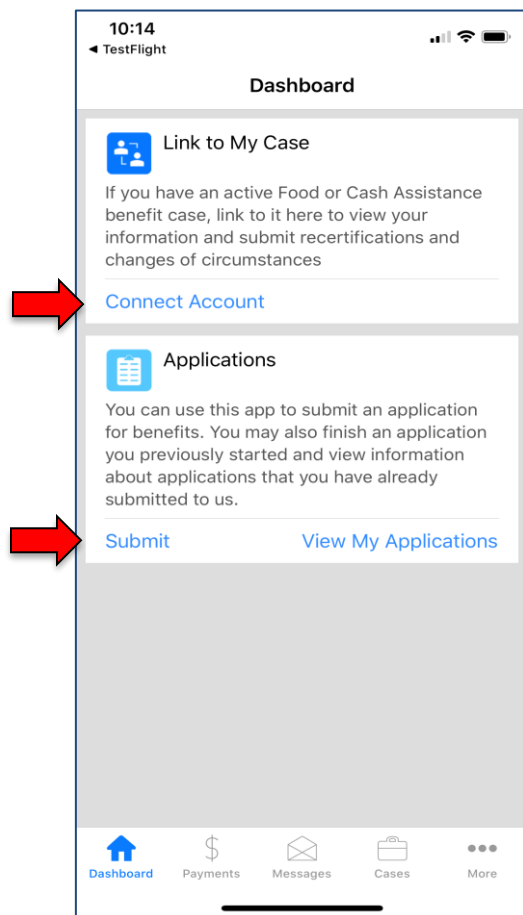
How to Check Benefits in the DC Access Mobile App

**Overview:** Follow the steps below to successfully check benefits in the DC Access Mobile App

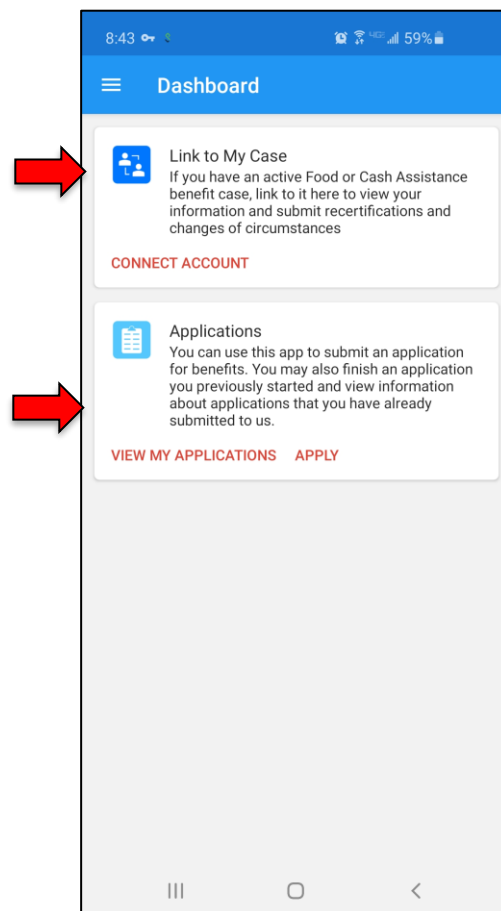
### Step-by-Step:

- 1 User clicks **“Connect Account”** to link their DC Access account to their identify, if user have an existing benefit application prior to the DC Access Mobile App.
  - a. User can click **“Submit”** to submit a new benefit application, if user does not have an existing benefit application prior to the DC Access Mobile App.

[iPhone]



[Android]



- 2 User will be prompted to complete a search criterion on the **Connect Account** screen.
- a. The search criteria include:
    - i. First Name
    - ii. Last Name
    - iii. Date of Birth
    - iv. Social Security or Person ID [Person ID is a unique person identification number that can be found on all notices sent to the pre-existing user]

10:14  
TestFlight

Cancel Connect Account Submit

Enter information for the Head of Household for  
**SNAP or Cash Assistance case.**

First name

Last name

Date of Birth

Select SSN or Person ID >

Enter SSN or Person ID

8:43

Connect Account SUBMIT

Enter information for the Head of Household for  
**SNAP or Cash Assistance case.**

First name\*

Last name\*

Date of Birth\*

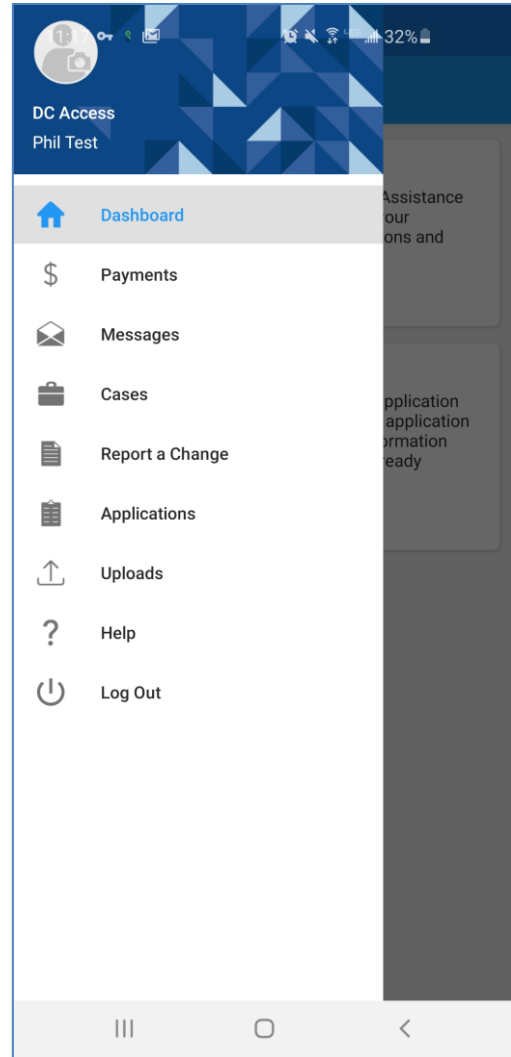
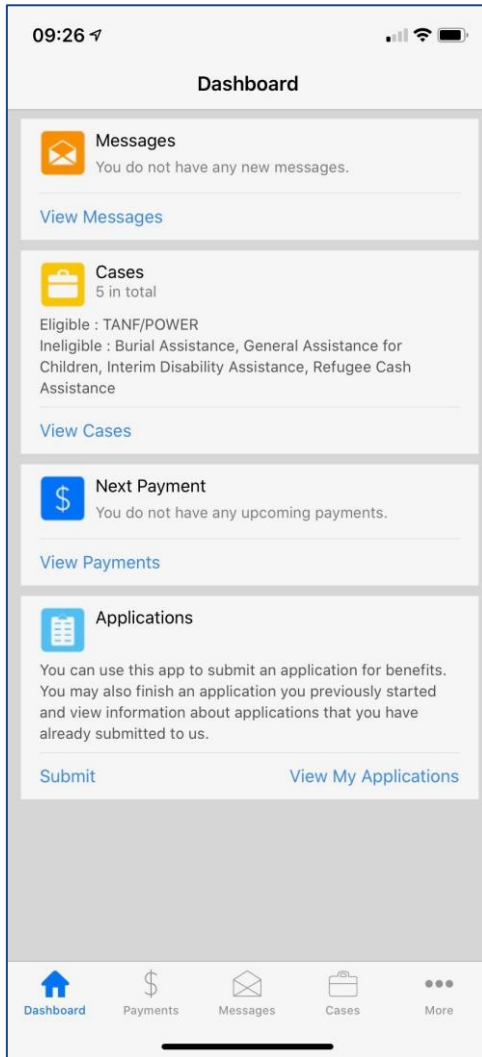
Select SSN or Person ID\*

Enter SSN or Person ID\*

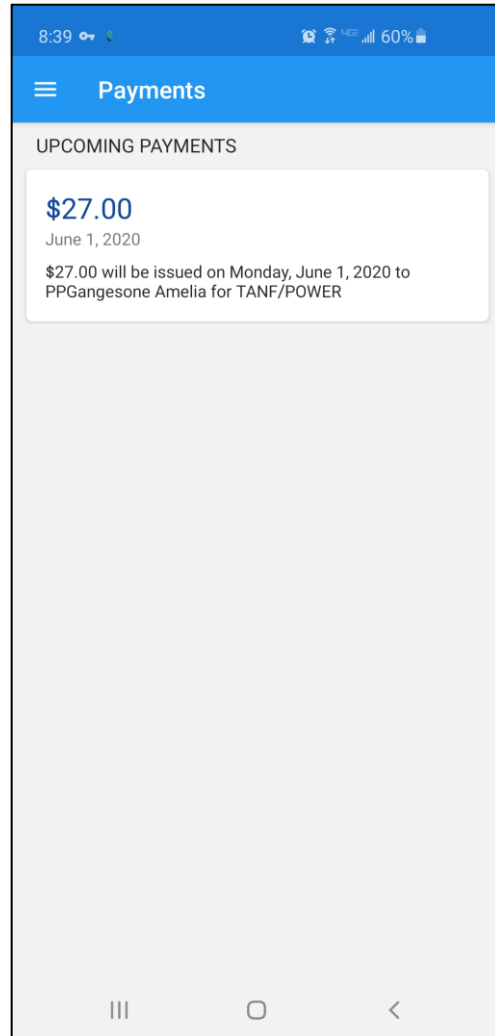
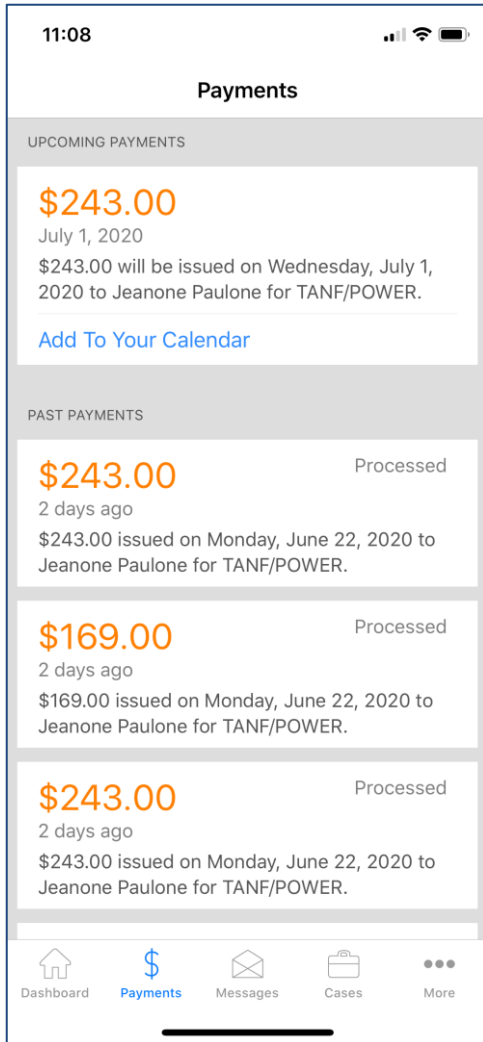
\* indicates required field.



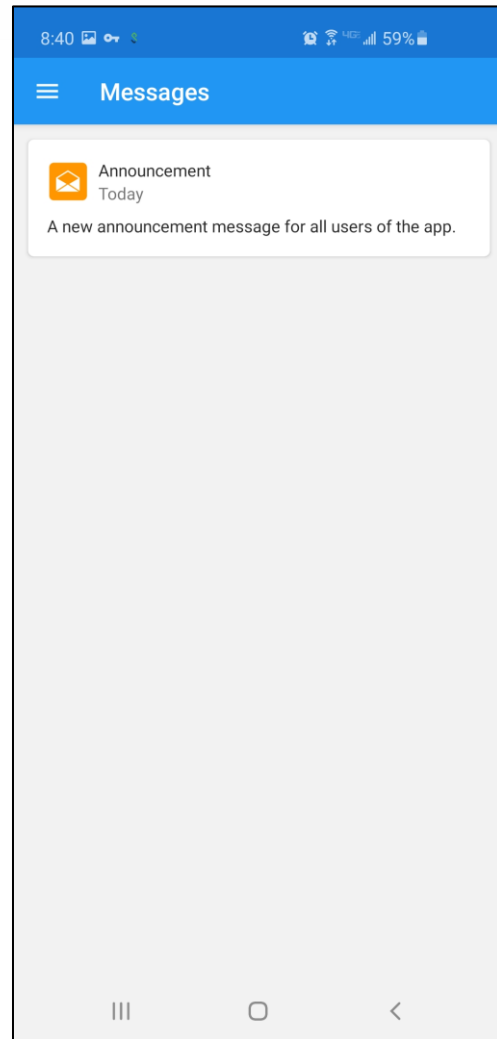
3 Once complete, user will gain access to the connected dashboard.



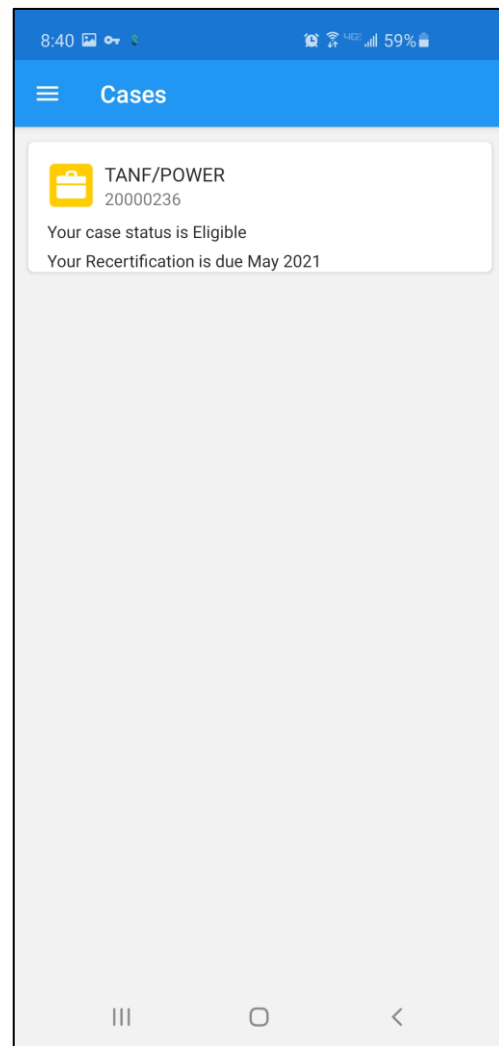
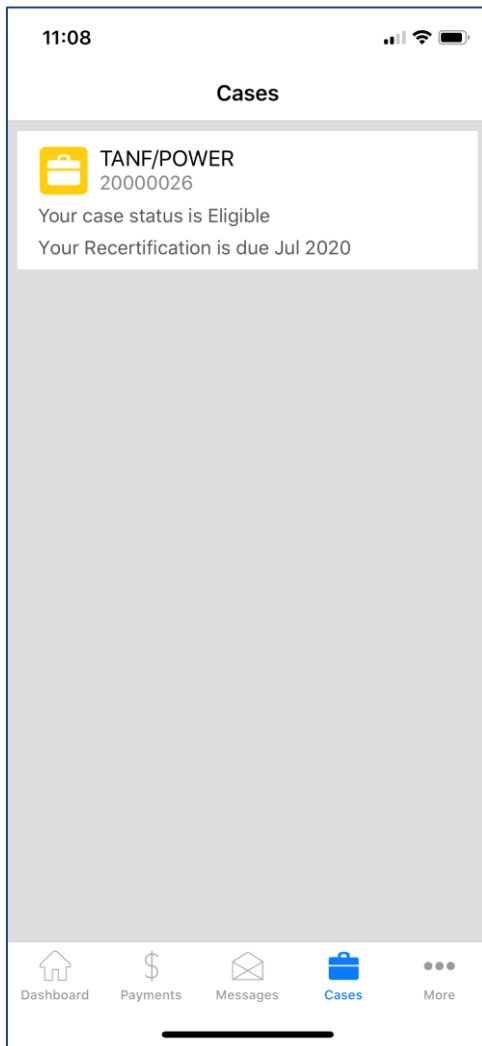
4 User can access upcoming and past payments on the **Payment** Dashboard.



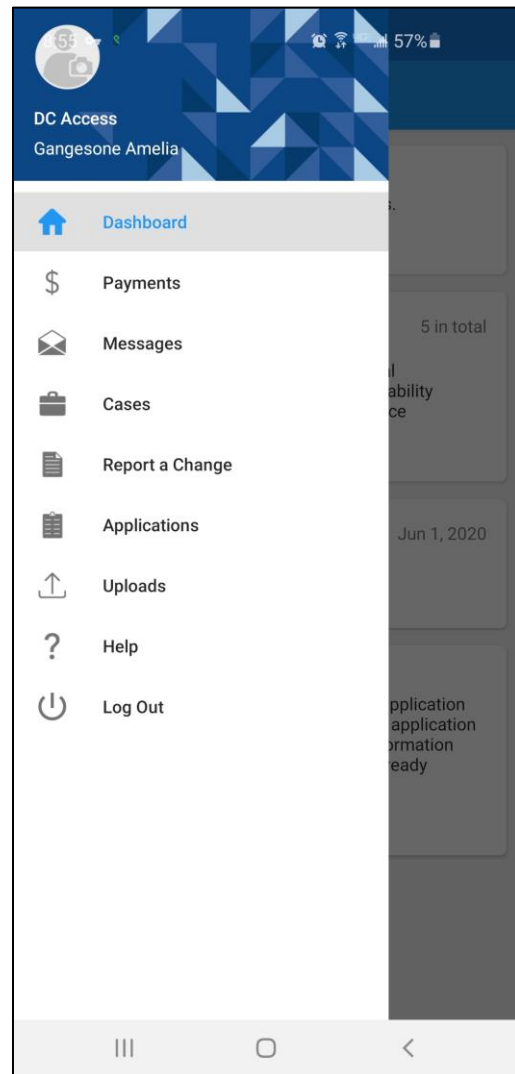
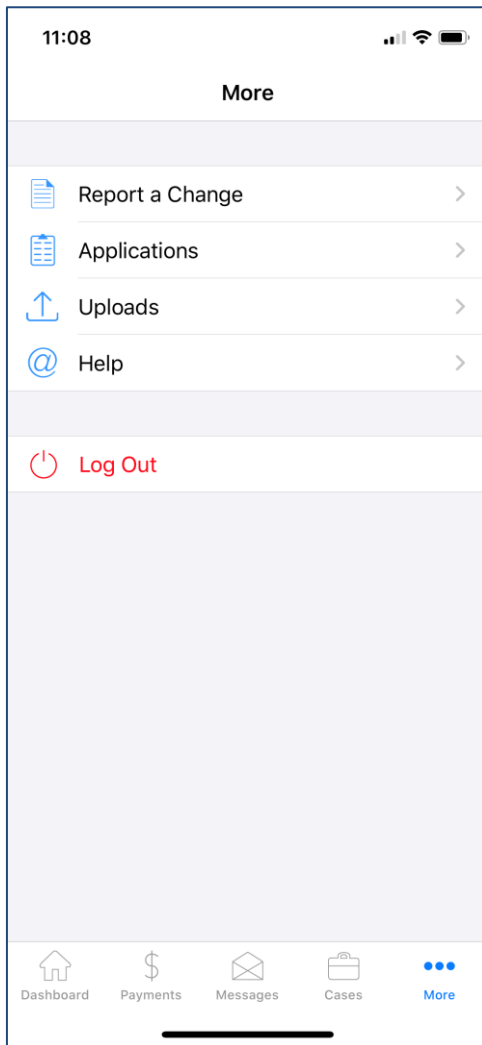
- 5 User can access push notifications on the **Messages** dashboard.



- 6 User can view the status and recertification period of cases on the **Cases** dashboard.



- 7 User can report a change, submit applications, upload documents and access help on the **More Options** dashboard.





## Department of Health Care Finance

Get your questions answered.

- What is Medicaid?
- Who is eligible for Medicaid?
- What services does Medicaid cover/include?
- Where do I apply for Medicaid?
- What are some Medicaid programs?
- What else do I need to know?



### **Office Hours**

Monday to Friday, 8:15 am to 4:45 pm

### **Contact**

441 4th Street, NW, 900S, Washington, DC 20001

Phone: (202) 442-5988

Fax: (202) 442-4790

TTY: 711

**Email: [dhcf@dc.gov](mailto:dhcf@dc.gov)**





# DC BENEFITS PORTAL

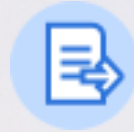
**DISTRICT DIRECT**



**CHECK YOUR  
ELIGIBILITY**



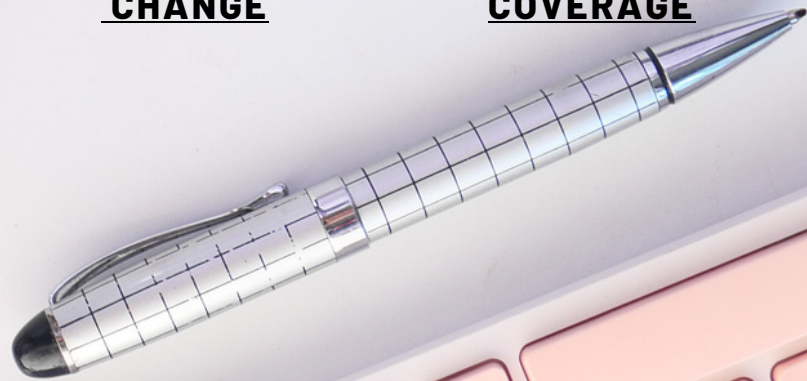
**RENEW OR  
RECERTIFY**



**REPORT A  
CHANGE**



**HEALTH CARE  
COVERAGE**





# DC DMV Digital Registration Card

*DC DMV offers a digital registration card, free of charge, for those individuals who want the ability to maintain an up-to-date version of their registration sticker and card on their smartphone. Both the paper and digital registration cards are valid DC DMV documents.*



**Download DC DMV Mobile App Today**

The digital registration is part of DMV's mobile application and is available to iOS and Android users. Download the app at [ow.ly/fUfp50C07az](https://ow.ly/fUfp50C07az) for Apple users, [ow.ly/pW5z50C07aA](https://ow.ly/pW5z50C07aA) for Android users or by scanning the below QR code.



# CERTIFICACIÓN DE PRUEBA DE RESIDENCIA EN EL D. C.

## INFORMACIÓN DEL SOLICITANTE

<b>Apellido (incluido el sufijo)</b>	<b>Primer nombre</b>	<b>Segundo nombre</b>	<b>Fecha de nacimiento</b>
<b>Dirección</b>		<b>N.º de apto./unidad</b>	<b>Ciudad/estado</b>
			WASHINGTON, D. C.
<b>Número de teléfono con código de área</b>	<b>Número de teléfono alternativo con código de área</b>	<b>Dirección de correo electrónico</b>	
(    )	(    )		

## INFORMACIÓN DEL CERTIFICADOR

<b>Apellido (incluido el sufijo)</b>	<b>Primer nombre</b>	<b>Segundo nombre</b>	<b>Fecha de nacimiento</b>
<b>Dirección</b>		<b>N.º de apto./unidad</b>	<b>Ciudad/estado</b>
			WASHINGTON, D. C.
<b>Número de teléfono con código de área</b>	<b>Dirección de correo electrónico</b>	<b>Número de tarjeta de identidad o licencia de conducir del D. C.</b>	<b>Fecha de vencimiento</b>
(    )			

**RELACIÓN CON EL SOLICITANTE** (\* Se requiere una prueba de relación: un certificado de nacimiento completo original que refleje los nombres de ambos padres/hijos; una orden judicial de adopción original que refleje los nombres de ambos padres/hijos; una licencia de matrimonio original; o una copia acreditada de un certificado de pareja de hecho)

Hijo/a\*     Padre/madre\*     Cónyuge\*     Pareja de hecho\*     Otro \_\_\_\_\_

El certificador debe firmar este formulario y atestiguar que es el **propietario o arrendatario** en la dirección indicada anteriormente y que el solicitante reside con él en el Distrito de Columbia. No se pueden utilizar contratos de alquiler que estipulan inquilinos autorizados para certificar a las personas a quienes no se les permite vivir en la residencia. El certificador también debe proporcionar una copia de su licencia de conducir o su tarjeta de identificación válidas del D. C. que refleje su nombre y la dirección indicada anteriormente, ADEMÁS de dos (2) de los siguientes documentos de prueba de residencia que reflejen su nombre y dirección en el D. C.

### UNO (1) DE LOS SIGUIENTES DOCUMENTOS PRINCIPALES DE PRUEBA DE RESIDENCIA

<ul style="list-style-type: none"> <li>• Contrato de arrendamiento o alquiler no vencido con el nombre del certificador como arrendador, arrendatario, habitante permitido o inquilino</li> <li>• Subarrendamiento no vencido acompañado del contrato de alquiler original no vencido con el nombre del certificador como subarrendador</li> </ul>	<ul style="list-style-type: none"> <li>• Factura de impuestos sobre la propiedad del D. C. o tasación de impuestos emitidas en los últimos 12 meses</li> <li>• Escritura, declaración de hipoteca o acuerdo de conciliación emitidos en los últimos 60 días</li> </ul>
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Y

### UNO (1) DE LOS SIGUIENTES DOCUMENTOS SECUNDARIOS DE PRUEBA DE RESIDENCIA

<ul style="list-style-type: none"> <li>• Factura de servicios públicos (agua, gas, electricidad, combustible o cable) emitida en los últimos 60 días</li> <li>• Factura de teléfono emitida en los últimos 60 días</li> </ul>	<ul style="list-style-type: none"> <li>• Póliza de seguro de propietario o inquilino no vencida</li> <li>• Correo oficial recibido en un plazo de 60 días de CUALQUIER agencia gubernamental, excluido el correo del DMV del D. C. (NO se aceptan notificaciones de cambio de dirección del Servicio Postal)</li> </ul>	<ul style="list-style-type: none"> <li>• Factura del sistema de seguridad del hogar emitida en los últimos 60 días</li> <li>• Declaración de préstamo personal/de automóvil emitida en los últimos 60 días (NO se aceptan libros de cupones o vales)</li> </ul>
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**SOLO PARA USO OFICIAL DEL DMV**

Cualquier persona que use una dirección o un nombre ficticios y haga, a sabiendas, cualquier declaración falsa en esta solicitud está infringiendo la Ley del D. C. y está sujeta a una multa de no más de \$1,000, 180 días de prisión o ambas sanciones. (Código Oficial del D. C., sección 22-2405).

Por la presente, certifico que la información contenida en esta solicitud es verdadera y correcta.

Firma del solicitante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del certificador: \_\_\_\_\_ Fecha: \_\_\_\_\_

**FIRMA DEL EXAMINADOR DEL DMV:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_



PROOF OF DC RESIDENCY CERTIFICATION

APPLICANT INFORMATION

Form with fields for Last Name, First Name, Middle Name, Date of Birth, Address, Apt/Unit Number, City/State, Zip Code, Telephone Number, and E-mail Address.

CERTIFIER INFORMATION

Form with fields for Last Name, First Name, Middle Name, Date of Birth, Address, Apt/Unit Number, City/State, Zip Code, Telephone Number, E-mail Address, and DC DL or ID Card Number.

RELATIONSHIP TO APPLICANT (\*Proof of relationship required; original full birth certificate reflecting both parent/child names, original adoption court order reflecting both parent/child names, original marriage license, or certified copy of a domestic partnership certificate)
[ ] Child\* [ ] Parent\* [ ] Spouse\* [ ] Domestic Partner \* [ ] Other

The certifier must sign this form attesting that he/she is the owner or lessee at the address listed above and the applicant resides with them in the District of Columbia. Leases that stipulate authorized tenants cannot be used to certify individuals that are not permitted to reside at the residence.

ONE (1) OF THE FOLLOWING PRIMARY PROOF OF RESIDENCY DOCUMENTS

Table with two columns listing primary proof of residency documents such as Unexpired Lease or Rental Agreement, DC Property Tax Bill/Tax Assessment, Unexpired Sublease, Deed, Mortgage Statement, or Settlement Agreement.

AND

ONE (1) OF THE FOLLOWING SECONDARY PROOF OF RESIDENCY DOCUMENTS

Table with three columns listing secondary proof of residency documents such as Utility Bill, Unexpired Homeowner's or Renter's Insurance Policy, Home Security System Bill, Telephone Bill, Official Mail, and Car/Personal Loan Statement.

Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405)

I hereby certify that the information contained on this application is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DMV OFFICIAL USE ONLY

DMV EXAMINER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

# IMPORTANT INFORMATION AND FACTS ABOUT HOMELESS SERVICES



## WHAT IS VIRGINIA WILLIAMS FAMILY RESOURCE CENTER?

Virginia Williams Family Resource Center (VWFRC) is the central point of intake for families experiencing homelessness or at risk of homelessness in the District. Families may go to VWFRC to apply for preventative and emergency services.

## WHAT SERVICES ARE OFFERED AT VWFRC?

Families seeking emergency assistance around their housing instability are assessed to determine the severity of their needs. VWFRC is not a shelter. Eligible families receive services such as prevention resources, including emergency rental, or temporary emergency shelter.

## WHO IS CONSIDERED HOMELESS ?

Families currently facing housing instability must complete an assessment to determine their needs and appropriate resources. The staff at **VWFRC** have been trained to respond to families' needs based on the results of this assessment. The **VWFRC** team will work with the family to support them in moving to safe, stable, and appropriate housing as quickly as possible.

## WHERE DO I GO IF I'M IN NEED OF HOMELESS SERVICES?

**VWFRC** serves as the central point of intake for families experiencing housing instability in the District of Columbia. **VWFRC** is located at 920-A Rhode Island Avenue, NE, Washington, DC 20018.

## WHEN CAN I GO TO VWFRC?

The **VWFRC** is open Monday- Thursday from 8:30 a.m. until 4:00 p.m. and Friday, 8:30 am - 12:00 noon. The telephone number is **202.526.0017**. After business hours, families can call the Shelter Hotline for information about services and resources at **202.399.7093** or **311**.







# SOCIAL SECURITY ADMINISTRATION

Securing your today and tomorrow

#### **REPLACE CARD**

**REPLACE YOUR CARD IF IT'S LOST, STOLEN, OR DAMAGED AND YOU NEED IT TO GET SOMETHING DONE.**

#### **NUMBER FOR THE FIRST TIME**

**REQUEST A SOCIAL SECURITY NUMBER IF YOU DON'T HAVE ONE.**

#### **STOLEN NUMBER**

**REPORT A STOLEN SOCIAL SECURITY NUMBER TO THE FEDERAL TRADE COMMISSION IF YOU THINK YOU'RE A VICTIM OF IDENTITY THEFT.**

#### **PERSONAL RECORD**

**TELL US IF THE PERSONAL INFORMATION ON YOUR SOCIAL SECURITY RECORD IS INCORRECT OR HAS CHANGED**

#### **FOR SUPPORT CALL SSA**

AVAILABLE IN MOST U.S. TIME ZONES MONDAY- FRIDAY 8 A.M. - 7 P.M. IN ENGLISH AND OTHER LANGUAGES.

CALL +1 800-772-1213

TELL THE REPRESENTATIVE YOU WANT TO REQUEST A REPLACEMENT SOCIAL SECURITY CARD.

CALL TTY +1 800-325-0778 IF YOU'RE DEAF OR HARD OF HEARING.



## **STAY INVOLVED!**

FOLLOW US ON SOCIAL MEDIA AND SHARE WITH YOUR FRIENDS! ENGAGE WITH ALL THE AMAZING THINGS OUR STUDENTS, FAMILIES, TEACHERS, AND STAFF ARE DOING HERE AT EDUCARE DC!



## **BOOK A TOUR!**

PLEASE JOIN US FOR A TOUR OF ONE OF OUR STATE-OF-THE-ART FACILITIES TO EXPERIENCE THE MAGIC HAPPENING RIGHT HERE AT EDUCARE DC FOR YOURSELF! YOU'LL SEE FIRST-HAND HOW OUR DEDICATED TEACHERS AND STAFF WORK WITH CHILDREN SO THAT THEY DEVELOP THE SKILLS THEY NEED TO SUCCEED IN KINDERGARTEN AND BEYOND.

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## **ENROLL HERE!**

EDUCARE DC, A HEAD START PROVIDER, IS MORE THAN JUST A DAYCARE OR CHILDCARE PROGRAM. WE ARE YOUR PARTNER FOR PREPARING YOUR CHILD FOR SUCCESS IN SCHOOL AND LIFE. SAFE, FUN, AND CHALLENGING, EDUCARE UNLEASHES YOUR CHILD'S CURIOSITY TO BUILD A LIFETIME LOVE OF LEARNING—PROVIDING THE HIGHEST QUALITY CARE AND EDUCATION TO FAMILIES.



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**IDEA: 4501 LEE ST. NE | WASHINGTON, DC 2001**