



DBHDS Housing Resource Referral Form
Housing Initiatives for Individuals in Settlement Agreement Population

Referral Submission Instructions:

Referrals must be submitted by the person's Support Coordinator/Private Case Manager.

Please type all responses.

Incomplete forms will not be processed.

If you are submitting a referral for an individual for the first time, please check "Initial Referral" at the top of the form and complete the referral in its entirety. If you are revising a previously submitted referral, please check "Revised Referral" at the top of the form and fill out only the sections with information that has changed (A new signature page is required). If you are resubmitting a referral that has been closed by DBHDS, please check "Resubmitted Referral" at the top of the form and complete the referral in its entirety. If you would like to rescind a referral, please check "Rescind Referral", complete page one of the referral form, and provide all required signatures required on page 4 of the referral form.

The form must be signed by the individual being referred for assistance or their legal guardian and their Support Coordinator/Private Case Manager.

You must provide the individual's current address where they reside (e.g., not the provider's corporate address)

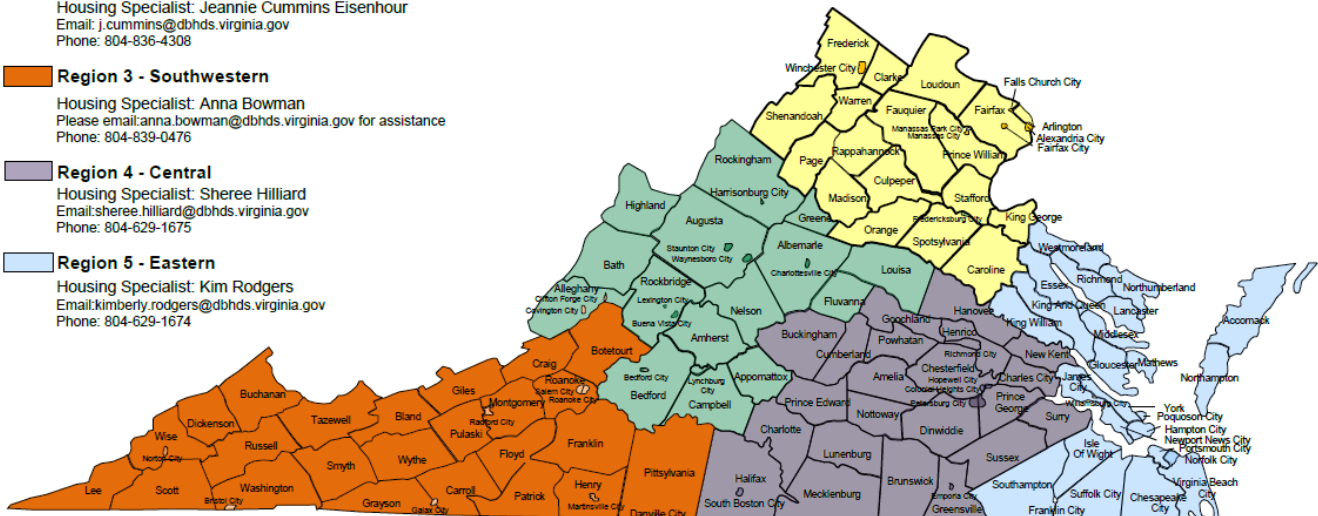
All forms must be faxed to: 804-692-0077.

Please include a cover page addressed to DBHDS - Housing Resource Referral.

If you have a housing related question or need technical assistance, please contact the housing specialist who supports the region that the individual wishes to live in. A map of the Commonwealth's Developmental Services regions that includes the contact information for the DBHDS Regional Housing Specialists is included below.

DBHDS Regions 2016

- Region 1 - Western**
 Housing Specialist: Marie Fraticelli
 Please email: marie.fraticelli@dbhds.virginia.gov for assistance
 Phone: 434-953-7146
- Region 2 - Northern**
 Housing Specialist: Jeannie Cummins Eisenhour
 Email: j.cummins@dbhds.virginia.gov
 Phone: 804-836-4308
- Region 3 - Southwestern**
 Housing Specialist: Anna Bowman
 Please email: anna.bowman@dbhds.virginia.gov for assistance
 Phone: 804-839-0476
- Region 4 - Central**
 Housing Specialist: Sheree Hilliard
 Email: sheree.hilliard@dbhds.virginia.gov
 Phone: 804-629-1675
- Region 5 - Eastern**
 Housing Specialist: Kim Rodgers
 Email: kimberly.rodgers@dbhds.virginia.gov
 Phone: 804-629-1674



Please do not fax this page



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Initial Referral
 Revised Referral
 Resubmitted Referral
 Rescind Referral

INDIVIDUAL'S CONTACT INFORMATION

NAME (First, Middle, Last Name)	DATE OF BIRTH (MM/DD/YYYY)	TELEPHONE NUMBER (###-###-####)	
PHYSICAL ADDRESS (Street ADDRESS)	CITY	STATE	ZIPCODE

LEGAL GUARDIAN OR SUBSTITUTE DECISION MAKER'S CONTACT INFORMATION

NAME (First, Middle, Last Name)	TELEPHONE NUMBER (###-###-####)	EMAIL ADDRESS	
MAILING ADDRESS (Street ADDRESS)	CITY	STATE	ZIPCODE

EXPECTED HOUSEHOLD COMPOSITION, HOUSING LOCATION and RESOURCE PREFERENCES

Please list all people that are expected to reside with the individual, their age and their relationship to them.

Name (First Name and Last Name)	Date of Birth	Relationship to the Individual (e.g., sibling, cousin, friend, etc.) Please indicate if this person is also in Settlement Agreement Population	Live-in aide (Yes or No)

What county or city in Virginia does the individual wish to reside in? Please list in order of priority.

1)	2)	3)
----	----	----

What type of housing assistance is the individual interested in? Please select one or more of the resources listed below.

Project-based Rental Assistance - Landlord has agreed to participate in a rental assistance program and the rental assistance is linked to a unit at a specific property. If the person moves, the rental assistance stays with the unit at the property.

Tenant-based Rental Assistance - SC and applicant are responsible for locating a landlord that is willing to accept rental assistance and participate in a rental assistance program. The assistance is linked to a specific person, so if the person moves, the rental assistance goes with them.

Low-income Housing Tax Credit Property - Rental housing that has units with rents that are set at levels affordable to households within certain income ranges. Rents are "flat," which means they do not adjust based upon changes in income. Some properties may have Project-based Rental Assistance while at other properties individuals with very low incomes (e.g., SSI/DI) may require Tenant-based Rental Assistance.

SUPPORT COORDINATOR / PRIVATE CASE MANAGER'S CONTACT INFORMATION

NAME (First, Last Name)	REFERRAL DATE	DEVELOPMENTAL SERVICES REGION	
AGENCY NAME/COMMUNITY SERVICES BOARD (If you contract with a CSB to provide Support Coordination, please list your organization's name and the name of the CSB that you contract with to provide case management services)		ORGANIZATIONAL ROLE CSB Support Coordinator Private Case Manager	
MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	ZIPCODE
TELEPHONE NUMBER (Area Code-###-####)	FAX NUMBER (Area Code-###-####)	EMAIL ADDRESS	

Form Date (5/2018)



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Individual's Name: _____

QUALIFYING INFORMATION

1. Does the individual have a developmental disability as defined by the Code of Virginia § 37.2-100? Yes No
2. Please check the eligibility criteria that the individual meets and attach supporting documentation that verifies eligibility for individuals residing in nursing homes or ICF-IDDs (e.g., PASRR level 1 and level 2 screening).

Currently resides at a DBHDS Training Center

Currently resides in an ICF-IDD or nursing home and meets the functional requirements for Development Disability Waiver (Please attach documentation)

Currently receives Building Independence, Family and Individual Support or Community Living waiver services

Currently on the wait list to receive Building Independence, Family and Individual Support or Community Living waiver services

3. Where is the applicant currently living?

Training Center
 Non-state ICF-IDD
 Nursing Home
 Group Home

Sponsored Residential
 With Family
 Dwelling Owned by, Leased by or for
 Applicant -- Lease ends on _____
 Dwelling leased to individual by
 Licensed Provider

Homeless (Please indicate where the person is staying at night)

 Other: _____

4. Does the individual or anyone expected to reside with them currently receive tenant or project-based rent assistance? Yes No Does the individual have a lease in his or her name? Yes No

If approved for rental assistance, will the person continue to live in the same rental unit or house? Yes No

If the individual currently lives in his/her own home or has tenant or project-based rental assistance, please attach a detailed explanation of why housing assistance is needed. Please be sure to complete and attach a copy of the Financial Need Worksheet and attach a copy of their current lease.

READINESS

5. Assuming the person referred is approved for a housing program and finds housing, will he/she have all of the support services and/or natural supports needed to be safe, healthy and to sustain their tenancy? Yes No

If you answered no to the question above, we strongly suggest that you submit an RST referral prior to making this referral. Please contact the Community Resource Consultant in your region for more information relating to how to submit a RST referral.

6. Does the individual have active case management services? Yes No

If the individual does NOT have active case management, please attach a detailed explanation of who will assess the person's housing and support needs, coordinate the development of a plan to meet housing & support needs, provide linkages to housing resources & supports, and monitor housing and supports during and after the transition to his/her own home; assuming that the individual meets all program eligibility requirements.

7. If approved for a housing resource, the eligible individual and any live-in aide will be ready to move into their rental housing in: 30 days 60 days 90 days

If a longer timeframe is required, please attach a detailed explanation as to why a referral is being made at this time.

8. Does the eligible individual and anyone expected to reside with them currently have a Photo ID, a copy of their birth certificate, Social Security Card, Income Documentation, etc.? Yes No

These items must be presented to the PHA and the property managers in order to begin the housing application process.

9. Have all roommates and live-aides been asked and have agreed to become a member of the household?
 Yes No Not applicable



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Individual's Name: _____

SERVICES AND SUPPORTS

Support Coordinator: Please complete the following information based upon the results of the individual's Virginia Individual DD Eligibility Survey. You must indicate who will provide supports.

Category	Qualifying Option	Please list the assistance needed to live in rental housing and indicate who will provide the supports (e.g., In-home residential provider, Personal Attendant, etc.)	Have Waiver or Natural Supports Been Secured?*
Health Status	Met		Secured
	Not Met		Proposed
Communication	Met		Secured
	Not Met		Proposed
Task Learning Skills	Met		Secured
	Not Met		Proposed
Personal/Self Care	Met		Secured
	Not Met		Proposed
Motor Skills	Met		Secured
	Not Met		Proposed
Behavior	Met		Secured
	Not Met		Proposed
Community Living Skills	Met		Secured
	Not Met		Proposed
Self-Direction	Met		Secured
	Not Met		Proposed

*"Secured" means a provider has been identified and has agreed to provide services and/or supports.



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ACKNOWLEDGEMENTS AND CERTIFICATIONS AND CONSENT FOR THE RELEASE AND EXCHANGE OF INFORMATION

Please initial by each statement:

Eligible Individual	Support Coordinator	
		I understand this referral is for housing assistance and not an invitation to attend an information session to find out more about housing assistance.
		I understand the referral for housing assistance is a two-part process. DBHDS verifies whether an individual is in the Settlement Agreement population and makes a referral to the Public Housing Agency (PHA) or local housing program partner based on its priority/preference structure outlined in the HCVP, LIHTC or the SRAP FAQ documents. After DBHDS makes the referral, the PHA or the local housing program partner begins its intake and screening process to determine if the individual and other household members meet its program eligibility requirements.
		I understand that it is important that the individual and a support coordinator (or family member) attend all housing appointments are attended and that all requested forms and documentation (Photo ID, birth certificate, Social Security Card, Income Documentation, etc.) are provided to the PHA or the local housing program by the required deadlines. I understand that the housing application must be completed within 45 days of the date that DBHDS makes a referral to the PHA. If the above referenced time-frame is not met, the individual will be deemed to be non-responsive and the referral will be closed.
		I have read and understand the eligibility criteria for inclusion in the Settlement Agreement population and hereby certify that all information provided herein on this form is true and accurate to the best of my knowledge. I understand that this referral will not be processed until all information and requested documentation is received by DBHDS.

I, _____ (Please print the individual's name here) hereby consent and authorize the: 1) Department of Behavioral Health and Developmental Services (DBHDS) and the support coordination entity listed on page 1; 2) any Public Housing Agency (PHA) that has provided a Housing Choice Voucher Set-aside or preference for individuals in the Settlement Agreement population; 3) any PHA that is under contract with DBHDS to administer the State Rental Assistance Program; and 4) any owner/developer that has been awarded an allocation of Low-income Housing Tax Credits for the purpose of developing rental housing and providing a leasing preference to individuals in the Settlement Agreement population to request, obtain, release and share any and all information regarding my anticipated housing and services needs and tenant history for the purpose of determining initial and on-going eligibility for waitlist preferences, housing assistance and any resource provided specifically for people in the Settlement Agreement population. If the applicant is unable to agree and consent, a documented authorized representative must complete and provide consent. Failure to provide consent will prohibit processing of the DBHDS Housing Resource Referral Form. I understand that this referral form will not be processed if it is not completed in its entirety. A list of PHAs and LIHTC owners/developers that provide a leasing preference for the Settlement Agreement population is available upon request.

 Name of Individual (Please Print or Type)

 Authorized Representative's Name and Relationship to Individual (Legal Guardian, Power of Attorney, etc.)

 Individual's Signature

 Authorized Representative's Signature

 Support Coordinator's / Private Case Manager's Name
 (Please Print or Type)

 Support Coordinator's / Private Case Manager's Signature

Please attach Guardianship or Power of Attorney documentation

For Office Use Only

Date DBHDS Received Referral: _____

Referral Entered By: _____



DBHDS Housing Resource Referral Form - Financial Needs

Housing Initiatives for Individuals in Settlement Agreement Population

NET MONTHLY INCOME

SSI
 SSDI
 Employment
 Other income 1 _____
 Other income 2 _____
TOTAL INCOME (A)

Individual's Name: _____

Please complete this form if the individual is currently living in their own home already. A separate form must be completed for each adult member in the home.

FIXED EXPENSES

Rent
 Electric
 Gas/Oil
 Water/Sewer
 Home Phone
 Cell Phone
 Internet Services
 Trash pickup
 Cable
 Medical Insurance
 Auto Insurance
 Life Insurance
 Renter's Insurance
 Child Support/Alimony
 Child Care
 Other

Alternative Resource used to pay expense
 (Please list below)

Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____

TOTAL FIXED (B)

DEBT PAYMENTS

Installment Loans
 Automobile loans
 Credit Card
 Credit Card
 Credit Card

Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____

TOTAL DEBIT (C)

EXPENSES

FIXED (B)
 DEBT (C)
 FLEXIBLE(D)
TOTAL EXPENSES (E)

FLEXIBLE EXPENSES

Savings
 Groceries
 Lunch (work/school)
 Eating Out
 Entertainment/Hobbies
 Laundry/Drycleaning
 Cleaning Supplies
 Clothing
 Gasoline/Bus/Taxi
 Newspaper/Magazines
 Alcohol/Cigarettes
 Church/Charity
 Tuition/Books
 Barber/Beauty shop
 Auto Maintenance
 House Maintenance
 Doctor/Dentist
 Pets
 Tolls/Parking
 Lottery/Bingo
 Lawn Care
 Maintenance/Repairs
 Other(funishings,copays,gifts)

Alternative Resource used to pay expense
 (Please list below)

Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____
 Yes ____

TOTAL FLEXIBLE (D)

Subtract Expenses from income (A-E):

TOTAL INCOME (A)
 TOTAL EXPENSES (E)

DIFFERENCE +or-

Please list and quantify all alternative resources that used to cover expenses above (e.g., food stamps, gifts, donations, student aide etc.):

Resource	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____