



Version 3.0
Revised - Dec. 2005



APPLICATION FOR RENTAL ASSISTANCE

This application form is to be used by individuals who are residents of Region 6 (Cass, Dodge, Douglas, Sarpy, or Washington counties) to apply for the Regional Rental Assistance Program authorized under Nebraska Revised Statute §71-812(3) [LB40, 2005]. The statute provides for rental assistance for adults with serious mental illness who are very low income. The application process has been developed in accordance with the requirements of the statute, as well as other requirements, guidelines, and priorities issued by the Nebraska Department of Health and Human Services (HHSS), the Division of Behavioral Health Services, and/or Region 6 Behavioral Healthcare.

Community Alliance Housing Management Services (CAHMS) has been contracted by Region 6 Behavioral Healthcare to administer and manage this program in Region 6. To be considered for assistance under this program, this application form and all required certifications and attachments must be completed and delivered to:

Mail, Fax, or Hand Deliver to:

(Note: If faxed, please follow-up by mailing the original copy)

CA Housing Management Services
Attn: Housing Manager
4001 Leavenworth Street
Omaha, NE 68105
Phone: 402-341-5128
Fax: 402-505-9849

Questions regarding this form and/or status of an application may be directed to the address above or by contacting the Housing Manager by calling 402-341-5128.



Equal Housing Opportunity - We do business in accordance with the Federal Fair Housing Law.

No person otherwise qualified for participation shall, on the basis of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination by Community Alliance Housing Management Services in the management and administration of this program.

**REGIONAL RENTAL ASSISTANCE PROGRAM
OUTLINE OF APPLICATION FORM**

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FOR CAHMS USE ONLY	
Initial Date Rec'd: _____	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
Completed Date Rec'd: _____	ID No. <u>6</u> _ _ _ _

REGIONAL RENTAL ASSISTANCE PROGRAM APPLICATION FORM

Please print all information.

APPLICANT:			Date of Application: _____
Name (First, Mi, Last): _____			
Street Address: _____			Apt. # _____
City: _____	County: _____	State: _____	Zip: _____
Home Phone: _____		Work, Mobile or Message Phone: _____	

GUARDIAN / PAYEE: Yes No
(if applicant has a guardian or representative payee, please complete)

Name: _____		Relationship: <input type="checkbox"/> Guardian <input type="checkbox"/> Payee
Mailing Address (Street, City, State, & Zip Code): _____		
Day-Time Phone: _____	Email Address: _____	
Name: _____		Relationship: <input type="checkbox"/> Guardian <input type="checkbox"/> Payee
Mailing Address (Street, City, State, & Zip Code): _____		
Day-Time Phone: _____	Email Address: _____	

BEHAVIORAL HEALTH WORKER/S ASSISTING APPLICANT:
(please provide name and contact information for worker(s) who are currently and/or will be assisting the applicant with housing and/or other behavioral health needs related to housing and community living (e.g. Community Support, ACT, outpatient, other.)

Name: _____		Agency: _____	<input type="checkbox"/> Currently providing services to applicant <input type="checkbox"/> Will be providing services to applicant
Mailing Address (Street, City, State, & Zip Code): _____			
Day-Time Phone: _____	Emergency Phone: _____		
Email Address: _____			
Name: _____		Agency: _____	<input type="checkbox"/> Currently providing services to applicant <input type="checkbox"/> Will be providing services to applicant
Mailing Address (Street, City, State, & Zip Code): _____			
Day-Time Phone: _____	Emergency Phone: _____		
Email Address: _____			

PRESENT HOUSING SITUATION:**Does applicant . . .**

- | | | |
|--------------------------|--------------------------|------------------------|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Rent a house? |
| <input type="checkbox"/> | <input type="checkbox"/> | Rent an apartment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Own his/her own home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Other? (specify) _____ |

Is applicant currently living . . .

- | | | |
|--------------------------|--------------------------|--|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | With family? |
| <input type="checkbox"/> | <input type="checkbox"/> | in a room & board or assisted living facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | in a shelter? |
| <input type="checkbox"/> | <input type="checkbox"/> | in a hospital or subacute facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | in a BH residential facility?(specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other? (specify) _____ |

Is applicant being evicted?

- If yes, when must applicant be out of current residence/home? _____

Has applicant ever been evicted?

- If yes, when, where and why? _____

Does applicant have special needs (other than a mental illness) which require accommodation within his/her living situation?

- If yes, what type(s) of accommodation is needed? _____

HOUSEHOLD INFORMATION:**Number of Persons in Household:** _____

(enter total number of individuals – both adults & children - who would be residing together in the same housing/apartment unit under this rental assistance program. Note, at minimum, this number is at least '1' since the applicant is always included in number of persons in household. If applicant is currently living in a group residential facility, it does not include other, non-related individuals living in the same group facility.)

Provide the name, social security number, date of birth, current age, and gender of each person in the household, beginning with the applicant:

Name	Relationship to Applicant	Social Security No.	Date of Birth	Current Age	Gender
1.	Self / Applicant				<input type="checkbox"/> Male <input type="checkbox"/> Female
2.					<input type="checkbox"/> Male <input type="checkbox"/> Female
3.					<input type="checkbox"/> Male <input type="checkbox"/> Female
4.					<input type="checkbox"/> Male <input type="checkbox"/> Female
5.					<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional sheet(s) attached.

Yes No

- Is any member of the household listed above currently living outside the household (e.g. foster care, correctional institution)?**

If yes, name and estimated date to return to live with household: _____

- Is applicant, or any other member of the household pregnant?**

If yes, name of individual who is pregnant & expected delivery date: _____

- Is applicant, or any other member of the household requesting a live-in aide?**

If yes, name of individual and purpose for requesting live-in aide: _____

CITIZENSHIP / LEGAL IMMIGRATION STATUS

The Nebraska Department of Health and Human Services, Division of Behavioral Health Services has made United States citizenship or legal immigration status a requirement for participation in this rental assistance program. All applicants are required to complete the top section of this sheet, prior to completing and signing either Box 1 or Box 2. The applicant then must either (1) certify that he/she is a legal citizen by completing and signing Box 1 below; or (2) certify that he/she is a legal immigrant and provide documentation of legal immigration status by signing Box 2 below and submitting the documentation outlined along with his/her application.

Applicant/Tenant Declaration & Certification

Applicant / Tenant Name (First, MI, Last): _____
Date of Birth: _____ Gender: Male Female
Social Security No. _____
Alien Registration No. _____ (if applicable.)
Admission Number _____ (if applicable. This is an 11-digit number found on INS Form I-94, Departure Record.)
Nationality _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)
Save Verification No. _____ (To be entered by CAHMS if and when received.)

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name)

1. A citizen or national of the United States.

If this box is checked, no further information is required; simply sign and date below. If applicant/tenant has a legal guardian; legal guardian must also sign and date.

Applicant/Tenant Signature: _____ Date _____

Legal Guardian Signature : _____ Date _____

(Note: If you are a U.S. citizen or national, and have completed this page, including checking and signing Box 1 above, you may skip page 6 in its entirety, and continue the application on page 6.)

CITIZENSHIP / LEGAL IMMIGRATION STATUS (continued)

2. A non-citizen with eligible immigration status in the category checked below:

- A non-citizen lawfully admitted for permanent residence, as defined by Section 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively). [immigrants]. (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent resident as a results of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- A non-citizen who is lawfully presented in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If this block is checked and applicant/tenant is under 62 years of age, you must submit the following documents:

1. Verification Consent Form
AND
2. One of the following documents:
 - (a) Form I-551, Alien Registration Receipt Card (for permanent residence aliens);
 - (b) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - "Admitted as Refugee Pursuant to Section 207";
 - "Section 208" or "Asylum"
 - "Section 243(h)" or "Deportation stayed by Attorney General";
 - "Paroled Pursuant to Sec. 212(d) (5) of the INA";
 - (c) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
 - (d) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
 - (e) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
 - (f) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation as required and outlined with the application. Applicant/tenant and legal guardian, as applicable, must sign and date below.

Applicant/Tenant Signature: _____ Date _____

Legal Guardian Signature : _____ Date _____

HOUSEHOLD INCOME & EXPENSES

An individual must be an adult who is 'very low income' in order to participate in this program. Additional guidelines established by the Nebraska Department of Health and Human Services give priority to adults with extremely low income. Both "very low" and "extremely low" income are terms used by housing assistance programs and are calculated as a percentage of the local family median income.

This 'Household Income & Expense' section must be completed as part of the process to determine income eligibility for the program. By providing this information now, it will help CAHMS prepare for an interview with the applicant and to verify all income as part of the eligibility determination and rental subsidy process. The Applicant (and his/her legal guardian, as applicable) will be required to sign authorizations for CAHMS to independently verify income information. The Applicant should also be aware that a similar income verification process will occur on at least an annual basis so long as he/she is receiving rental assistance under this program.

SOURCES OF INCOME:

List all applicant household sources of income. Include employment income, all income from Social Security and SSI, pensions, disability, unemployment compensation, child care, alimony, child support, scholarships and grants, interest on check or savings accounts, and regular contributions from people not living with applicant.

Name of Person Receiving	Income Source	Monthly Gross Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

ASSETS: (List all current household checking and/or savings accounts.)

Checking Account No:	Name Of Bank:	Location Of Bank:	Current Balance:
Savings Account No:	Name Of Bank:	Location Of Bank:	Current Balance:

Does applicant own any . . .

Yes No

If yes, list amount & value

Bonds

Stocks

Real Estate

MEDICAL EXPENSES:

Does applicant . . .

Yes No

Have private medical insurance?

Currently receive Medicaid?

Current receive Medicare?

Pay for any medical care?

HOUSEHOLD INCOME & EXPENSES (continued)

Please answer 'Yes' or 'No' to the following questions. If 'yes', give brief detail in the space provided.

- | | <u>Yes</u> | <u>No</u> | <u>Income</u> |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Is applicant/tenant now employed? _____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Is applicant/tenant a student? _____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant own a business? _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant own real estate? _____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant have a savings account? _____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant have a checking account? _____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant own stocks and/or bonds? _____ |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive church welfare? _____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive financial aid or other assistance from parents or other relatives on a regular basis? _____ |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive alimony? _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive TANF benefits (Welfare)? _____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive Social Security? _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive Supplemental Security Income (SSI)? _____ |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive AABD (Aid to the Aged, Blind, or Disabled)? _____ |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from other assets? _____ |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from a veterans pension? _____ |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from other pensions? _____ |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from tips? _____ |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from rental property? _____ |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from dividends? _____ |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from unemployment benefits? _____ |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from workers compensation? _____ |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from an insurance policy or annuity? _____ |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from a trust fund? _____ |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant/tenant receive income from any other source? _____ |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Has applicant/tenant or any household member disposed of any assets for less than fair market value during the last two years? _____ |

Yes No Medical and/or Unusual Expenses

1. Is applicant/tenant making regular monthly payments to any of the following. If yes, give brief detail in space provided.
- | | | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital(s)? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor(s)? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Druggist(s)? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dentist(s)? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Insurance Plan(s)? _____ |
2. Does applicant/tenant pay for child care (babysitter) while working/going to school? _____

I certify, under penalty of disqualification from, and/or obligation to repay the Regional Rental Assistance Program, that the information provided above reflects all sources of household income of the Applicant/Tenant household to the best of my knowledge and belief. I understand that this information will be verified by CAHMS.

Applicant/Tenant Signature: _____ **Date** _____

Legal Guardian Signature: _____ **Date** _____

BEHAVIORAL HEALTH REQUIREMENTS & PRIORITIES

Certain behavioral health related requirements for participation in the program have been set forth in statute, or as additional guidelines and priorities of the Division of Behavioral Health Services within HHSS and/or Region 6. To demonstrate compliance with these requirements, and to potentially qualify for one or more of the priorities for receiving assistance under this program, both the Applicant and a behavioral health service provider(s) must certify to certain information in each of the areas outlined within this section of the application. The certifying behavioral health service provider may be any behavioral health worker who is working with the individual applicant/tenant and has access to records documenting current diagnosis by a licensed professional, as well as knowledge of the applicant's current behavioral health status, individualized service plan, and other current behavioral health information.

ADULT WITH SERIOUS MENTAL ILLNESS:

The authorizing statute for this program stipulates that persons receiving assistance must be an adult with "serious mental illness." Serious mental illness is defined in the statute as follows:

"[A] person who is eighteen years of age or older who has, or at any time during the immediately preceding twelve months has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions. Serious mental illness does not include DSM V codes, substance abuse disorders, or developmental disabilities unless such conditions exist concurrently with a diagnosable serious mental illness."

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Diagnostic Information (To be completed by behavioral health service provider):

Axis I (DSM No) _____ (Description) _____
Axis II (DSM No) _____ (Description) _____
Axis V (GAF) _____
Date of Most Recent Diagnosis (month/year): _____
Diagnosis by (e.g. MD, agency): _____

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Applicant/Tenant Certification:

I, _____, as an applicant/tenant of the Regional Rental Assistance Program do hereby certify that I am an adult with a serious mental illness as defined above, and give my permission to the behavioral health service provider signing this certification to release information to CAHMS on my diagnosis, and to otherwise verify and certify that I meet the criteria for serious mental illness. This information is to be used for the sole purpose of determining my initial and/or ongoing eligibility for participating in the Regional Rental Assistance Program.

Applicant/Tenant Signature: _____ Date: _____

Legal Guardian Signature (if applicable): _____ Date: _____

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Behavioral Health Service Provider Certification:

I, _____, as a behavioral health service provider, do hereby certify that the above diagnostic information is current and correct as determined by a physician or other qualified behavioral health professional and/or documented within the applicant/tenant's behavioral health record. I further certify, in my role as a behavioral health service provider, that to the best of my knowledge and belief, the applicant/tenant meets the criteria for serious mental illness as outlined above.

Signature of Behavioral Health Service Provider: _____ Date: _____

Printed Name: _____ Title: _____

Agency Affiliation: _____ Phone No.: _____

BEHAVIORAL HEALTH REQUIREMENTS & PRIORITIES (continued)

RENTAL ASSISTANCE LINKED WITH ONGOING BEHAVIORAL HEALTH SERVICES:

For initial and ongoing eligibility, HHSS is requiring that any rental assistance provided under this program be linked to ongoing behavioral health services. Consistent with this requirement both the applicant/tenant (and legal guardian, if applicable) and an involved behavioral health service provider must read, acknowledge, and certify to the following:

- Applicant/Tenant has an individualized service plan with a goal of independent living as established with a behavioral health service provider(s);
- The behavioral health service(s) outlined within the individualized service plan are currently, or will be, authorized by HHSS, or its authorizing agent (currently Magellan Behavioral Health).
- Applicant/Tenant is willing to participate in the behavioral health service(s) outlined within the individualized service plan.
- Both Applicant/Tenant and behavioral health service provider signing below acknowledge & understand that participation by the Applicant/Tenant in an ongoing program of behavioral health services which are guided by an individualized service plan is a condition of ongoing participation in the rental assistance program as stipulated by HHSS.
- Applicant/Tenant (and legal guardian if applicable) give permission to the behavioral health service provider to promptly inform CAHMS if Applicant/Tenant ceases to participate in an ongoing program of behavioral health services which are guided by an individualized service plan. Such information shall be used by CAHMS for the sole purpose of determining initial and/or ongoing eligibility for the Regional Rental Assistance Program.

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Applicant/Tenant Acknowledgement, Agreement, and Certification

I, _____, as an applicant/tenant of the Regional Rental Assistance Program do hereby agree to and certify that I have and/or will meet the behavioral health requirements outlined above. I give my permission to the behavioral health service provider signing below to release information to CAHMS to verify and certify that I am meeting these requirements. Should I cease to participate in an ongoing program of behavioral health services which are guided by an individualized service plan, I will promptly report, and I give the behavioral health service provider providing these services to me permission to promptly report such to CAHMS for the sole purpose of CAHMS determining my initial and/or ongoing eligibility for participating in this rental assistance program.

Applicant/Tenant Signature: _____ Date: _____

Legal Guardian Signature (if applicable): _____ Date: _____

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Behavioral Health Service Provider Certification:

I, _____, as a behavioral health service provider initiating and/or providing services to the above named Applicant/Tenant, do hereby certify that the above requirements related to behavioral health services have been, or will be met at the time that rental assistance under this program begins and will be continued in accordance with the individualized service plan and behavioral health needs of the Applicant/Tenant. In the event the Applicant/Tenant ceases to participate in an ongoing program of behavioral health services which are guided by an individualized service plan, I agree to promptly report this fact to CAHMS in accordance with the authorization provided above, with the understanding that CAHMS shall utilize this information for the sole purpose of determining Applicant/Tenant's ongoing eligibility for participation in the Regional Rental Assistance Program.

Behavioral health services currently being provided to the Applicant/Tenant include (check all applicable):

- ACT Community Support (MH) Community Support (SA) Emergency Community Support
- Day Rehabilitation Outpatient/Med Mgmt Intensive Community Support Supported Employment
- Dual Diagnosis Residential Rehab Subacute Other _____

Behavioral health services to be provided to the Applicant/Tenant when in an apartment setting include (check all applicable):

- ACT Community Support (MH) Community Support (SA) Emergency Community Support
- Day Rehabilitation Outpatient/Med Mgmt Intensive Community Support Supported Employment
- Dual Diagnosis Residential Rehab Subacute Other _____

Signature of Behavioral Health Service Provider: _____ Date: _____

Printed Name: _____ Title: _____

Agency Affiliation: _____ Phone No.: _____

BEHAVIORAL HEALTH REQUIREMENTS & PRIORITIES (continued)

The HHSS Division of Behavioral Health Services has established certain priority groups among all individuals who are potentially eligible for rental assistance under the statute authorizing this program. To aid in determining if an Applicant qualifies for one of these priorities, the Applicant and an involved behavioral health service provider must complete and certify the following section.

Please indicate if this applicant is part of the Region 6 CRT team review process. Yes No Unknown

HHSS PRIORITIES FOR RENTAL ASSISTANCE:

<u>Yes</u> <u>No</u>		CAHMS Use Only
<input type="checkbox"/> <input type="checkbox"/>	Is Applicant <u>currently</u> committed to psychiatric inpatient care? (Note: "Inpatient care" includes both acute and subacute services provided within a state regional center, local hospital, or subacute facility.) - If yes, name of acute or subacute facility in which applicant is currently receiving services: _____ - Is applicant ready (or near ready) for discharge from acute or subacute - care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, anticipated transition date (must provide at least month/year; provide actual anticipated discharge date if known) _____	1.A.
<input type="checkbox"/> <input type="checkbox"/>	Is applicant currently living in a behavioral health 'residential' level of care? (Note: "Behavioral health residential level of care" is inclusive of Transitional Residential Program, Residential Rehabilitation, and Dual Diagnosis; it does <u>not</u> include general assisted living facilities or room & board facilities.) - If yes, type of BH residential facility/agency in which applicant is currently receiving services: _____ - If yes, is applicant ready to move into an apartment and receive "non-residential" behavioral health services (e.g. ACT, Community Support, Outpatient)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, anticipated transition date (must provide at least month/year; provide actual anticipated discharge date if known) _____ - If yes, would this move result in a place within a BH residential level of care being available for an individual who is currently in an inpatient (acute or subacute) level of care? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.B
<input type="checkbox"/> <input type="checkbox"/>	Is applicant at risk of inpatient commitment (acute or subacute level of care) at least in part due to a lack of affordable housing? - If yes, would rental assistance help prevent applicant from moving to a higher level of care? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain situation and basis for determination: _____ _____ _____	2.A.
<input type="checkbox"/> <input type="checkbox"/>	Does applicant have a serious mental illness and is very low income.	3.A.

Applicant/Tenant Certification:

I, _____, certify that the information related to priorities as outlined above is true to the best of my knowledge and belief, and give my permission to the behavioral health service provider signing this certification to release information to CAHMS on my behavioral health and discharge status. This information is to be used to assist in determining my initial and/or ongoing eligibility for priority status for this rental assistance program and for coordination of rental assistance with any anticipated behavioral health service discharge.

Applicant/Tenant Signature: _____ Date: _____
 Legal Guardian Signature (if applicable): _____ Date: _____

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Behavioral Health Service Provider Certification:

I, _____, as a behavioral health service provider, hereby certify that the information provided above is true to the best of my knowledge and belief. I am providing this information for the purpose of assisting the named Applicant in obtaining a determination for priority status in the Regional Rental Assistance Program and to aid in coordination of rental assistance with any anticipated behavioral health service discharge.

Signature of Behavioral Health Service Provider: _____ Date: _____
 Printed Name: _____ Title: _____
 Agency Affiliation: _____ Phone No.: _____

TRANSITION OR 'BRIDGE' ASSISTANCE TO SECTION 8 OR OTHER RENTAL ASSISTANCE

HHS and the Division of Behavioral Health Services has established rules intended to utilize this rental assistance program primarily as transitional assistance, or to serve as a "bridge" to other affordable housing programs, such as Housing Choice Voucher or Section 8 program operated by local housing authorities. An applicant/tenant must document that he/she has "fully exhausted attempts" to receive rental assistance from other programs in the area in which he/she will be residing as a condition of receiving assistance under this program, as well as continuing to seek out other rental assistance while a tenant in this program. This means all housing authorities for which the Applicant may be eligible now, or in the future. For example, if in Omaha, the Applicant would generally be expected to seek Section 8 assistance from both Omaha Housing Authority and Douglas County Housing Authority. To document adherence to these rules, both the applicant and the behavioral health service provider assisting the applicant must check and complete one of the boxes below and sign the certification.

Status of Seeking Other Rental / Housing Assistance

Check only one.

- Applicant/tenant is currently on one or more local public housing authority's (PHA) waiting list; applicant/tenant has been determined eligible by public housing authority, however no voucher is currently available. W
 - Indicate the public housing authorities to which this statement applies: _____
 - Date which applicant/tenant was placed on waiting list: _____
 - Copy of all documentation received from PHA must be submitted with this application.
- Applicant/tenant is not eligible for local public housing authority(s) Section 8 rental assistance voucher. I
 - Indicate the public housing authorities to which this statement applies: _____
 - Date which applicant/tenant was found ineligible by PHA: _____
 - Reason applicant/tenant found ineligible by PHA: _____
 - Copy of all documentation received from PHA must be submitted with this application.
- Applicant/tenant needs housing sooner than the local public housing authority(s) application process allows. This includes situations where one or more PHAs are not currently accepting new applications and/or only open the application process at certain times during the year. If this box is checked, applicant is required to apply for the PHA Section 8 program at the first opportunity available, even if receiving rental assistance under this program. HN
 - Indicate the public housing authorities to which this statement applies: _____
 - First date applicant/tenant anticipates being able to PHA for Section 8 assistance(month/year) _____
- There is no local public housing authority which operates a Section 8 rental assistance voucher program in applicant's county of residence. NA
 - Indicate county of residence to which this statement applies: _____

I, _____, as applicant/tenant of the Regional Rental Assistance Program, hereby certify the above to be a true representation of the current status of my efforts to obtain rental assistance through other affordable housing program, including those operated by public housing authorities. I further certify that I understand that it is the Applicant/Tenant's responsibility, and a condition of continued assistance through this program, to apply for public housing authority administered rental assistance upon the first available date, and will endeavor to make application to such program(s) at the first possible date available.

Applicant/Tenant Signature: _____ Date: _____

Legal Guardian Signature (if applicable): _____ Date: _____

=====

Behavioral Health Service Provider Certification:

I, _____, as a behavioral health service provider assisting this Applicant/Tenant with the Regional Rental Assistance Program, hereby certify that, to the best of my knowledge and belief, the above is a true representation of the current status of efforts by Applicant/Tenant to obtain rental assistance through other affordable housing programs, including those operated by public housing authorities. I further certify that I understand that it is the Applicant/Tenant's responsibility and a condition of continued assistance through this program to apply for public housing authority administered rental assistance upon the first available date, and will endeavor to assist Applicant/Tenant in fulfilling this responsibility as part of his/her individualized service plan.

Signature of Behavioral Health Service Provider: _____ Date: _____

Printed Name: _____ Title: _____

Agency Affiliation: _____ Phone No.: _____

DEMOGRAPHIC & STATISTICAL INFORMATION

The following information is required by the HHSS Division of Behavioral Health Services Division and will be utilized for demographic and statistical reporting purposes. Each section must be completed. Responses should relate to the individual applicant only.

Applicant Name: _____ Date of Application: _____

Date of Birth: ____ / ____ / ____ Current Age: _____

Gender: Male
(check one only) Female

Ethnicity: **H/L** - Hispanic or Latino
(check one only) **NH/L** - Not Hispanic or Latino

Race: American Indian or Alaskan Native
(check one or more) Black or African American
 White
 Asian
 Native Hawaiian or Other Pacific Islander
 Other (specify) _____

Type of Household: **A** - Single / Non-Elderly (below age 62)
(check one only) **B** - Single / Elderly (age 62 or older)
 C - Single Parent Household with Child(ren)
 D - Two Parent Household with Child(ren)
 E - Two Parent Household with No Children
 F - Other (specify) _____

Number in Household: _____ (must be at least '1' for applicant; should be the same as provided on page 3 of the application)

Current Living Situation: **RC** - State Regional Center
(check one only) **PRWS** - Private Residence without support
 PRRS - Private Residence receiving support
 PRNO - Private Residence (Non-Owner); Living with Parent, Relative, Friend
 ORC - Other 24 hour Residential Care
 OIS - Other Institutional Setting
 J/CF -Jail/Correctional Facility
 HS - Homeless / Shelter
 O - Other (describe) _____

SSI/SSA Eligibility **ERP** -Eligible, Receiving Payments
(check one only) **ENRB** - Eligible, Not Receiving Benefits
 PE - Potentially Eligible

Employment Status: **EFT** - Employed Full-Time (35+ hours per week)
(check one only) **EPT** - Employed Part-Time
 A/AF - Active/Armed Services
 U - Unemployed (Laid off or looking for work)
 NILF - Not in Labor Force (homemaker, student, retired, resident of institution)
 SW - Sheltered workshop
 O - Other (Volunteer, Disabled)

DEMOGRAPHICS & STATISTICAL INFORMATION (continued)

For CAHMS Use Only:	
<input type="checkbox"/>	ELI - Extremely Low
<input type="checkbox"/>	VLI - Very Low
<input type="checkbox"/>	LI - Low
<input type="checkbox"/>	MLI - Moderate

Income Status for County of Intended Residence

1. Provide applicant's total annual gross income: \$ _____
2. Check the box next to the county in which applicant intends to reside.
3. Check the box which reflects applicant's current, gross annual income based on his/her household size.

<input type="checkbox"/> Cass County <input type="checkbox"/> Douglas County <input type="checkbox"/> Sarpy County <input type="checkbox"/> Washington County				
	1 person household	2 person household	3 person household	4 person household
Extremely Low	<input type="checkbox"/> \$0-\$14,100	<input type="checkbox"/> \$0-\$16,100	<input type="checkbox"/> \$0-\$18,150	<input type="checkbox"/> \$0-\$20,150
Very Low	<input type="checkbox"/> \$14,101-\$23,500	<input type="checkbox"/> \$16,101-\$26,850	<input type="checkbox"/> \$18,151-\$30,200	<input type="checkbox"/> \$20,151-\$33,550
Low	<input type="checkbox"/> \$23,501-\$37,600	<input type="checkbox"/> \$26,851-\$42,950	<input type="checkbox"/> \$30,201-\$48,350	<input type="checkbox"/> \$33,551-\$53,700
Moderate or Above	<input type="checkbox"/> \$37,601+	<input type="checkbox"/> \$42,951+	<input type="checkbox"/> \$48,351+	<input type="checkbox"/> \$53,701+

<input type="checkbox"/> Dodge County				
	1 person household	2 person household	3 person household	4 person household
Extremely Low	<input type="checkbox"/> \$0-\$11,650	<input type="checkbox"/> \$0-\$13,300	<input type="checkbox"/> \$0-\$15,000	<input type="checkbox"/> \$0-\$16,650
Very Low	<input type="checkbox"/> \$11,651-\$19,450	<input type="checkbox"/> \$13,301-\$22,200	<input type="checkbox"/> \$15,001-\$25,000	<input type="checkbox"/> \$16,651-\$27,750
Low	<input type="checkbox"/> \$19,451-\$31,100	<input type="checkbox"/> \$22,201-\$35,500	<input type="checkbox"/> \$25,001-\$39,950	<input type="checkbox"/> \$27,751-\$44,400
Moderate or Above	<input type="checkbox"/> \$31,101+	<input type="checkbox"/> \$35,501+	<input type="checkbox"/> \$39,951+	<input type="checkbox"/> \$44,401+

For applicants whose household size exceeds four (4) persons, provide the following information and CAHMS will calculate for statistical reporting purposes:

- County of Intended Residence: _____
- Number in Household: _____
- Gross Annual Income: \$ _____

Note: Income ranges based on most recent HUD median family income data (issued Feb 13, 2008); ranges will be updated on an annual basis as published by HUD.

DEMOGRAPHIC & STATISTICAL INFORMATION (continued)

For CAHMS Use Only:	
<input type="checkbox"/>	Level 1: No Housing Barriers
<input type="checkbox"/>	Level 2: Some Housing Barriers
<input type="checkbox"/>	Level 3: Moderate Housing Barriers
<input type="checkbox"/>	Level 4: Serious Housing Barriers

Housing Barrier Assessment Levels

Check 'yes' or 'no' to each of the following items identified as a potential barrier to housing by HHSS.

Level 1: No Housing Barriers

- | <u>Yes</u> | <u>No</u> | Applicant has . . . |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a good rental history |
| <input type="checkbox"/> | <input type="checkbox"/> | no evictions |
| <input type="checkbox"/> | <input type="checkbox"/> | no criminal history |
| <input type="checkbox"/> | <input type="checkbox"/> | no active substance dependent issues or history |
| <input type="checkbox"/> | <input type="checkbox"/> | has income above 30 percent of Median Family Income (MFI) |

_____ of 5 _____%

Level 2: Some Housing Barriers

- | <u>Yes</u> | <u>No</u> | Applicant has . . . |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | has income under 30 percent of Median Family Income (MFI) other than SSI/ SSDI |
| <input type="checkbox"/> | <input type="checkbox"/> | no rental history |
| <input type="checkbox"/> | <input type="checkbox"/> | new to the area |
| <input type="checkbox"/> | <input type="checkbox"/> | four or more related people (family) |
| <input type="checkbox"/> | <input type="checkbox"/> | one easily explained eviction |
| <input type="checkbox"/> | <input type="checkbox"/> | non-English speaking |
| <input type="checkbox"/> | <input type="checkbox"/> | no high school diploma |
| <input type="checkbox"/> | <input type="checkbox"/> | physical disabilities that affect housing |
| <input type="checkbox"/> | <input type="checkbox"/> | one parent/child household |
| <input type="checkbox"/> | <input type="checkbox"/> | needs financial help with moving, furniture, misc. services. |
| <input type="checkbox"/> | <input type="checkbox"/> | head of household under age 19 |
| <input type="checkbox"/> | <input type="checkbox"/> | has a criminal record (misdemeanor or non-violent felony) |
| <input type="checkbox"/> | <input type="checkbox"/> | has substance dependent history (not currently using) |

_____ of 13 _____%

Level 3: Moderate Housing Barriers

- | <u>Yes</u> | <u>No</u> | Applicant has . . . |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | has income under 30 percent of Median Family Income (MFI) from only SSI/ SSDI |
| <input type="checkbox"/> | <input type="checkbox"/> | poor rental history (1-2 evictions) |
| <input type="checkbox"/> | <input type="checkbox"/> | has an illegal drug use history, but not currently using in the last 30 days |
| <input type="checkbox"/> | <input type="checkbox"/> | mild behavioral problems |
| <input type="checkbox"/> | <input type="checkbox"/> | child(ren) in the household have mild behavioral problems- |
| <input type="checkbox"/> | <input type="checkbox"/> | recent (within last 12 months) arrested for minor criminal activities recent (within last 12 months) conviction for a misdemeanor or non-violent felony |
| <input type="checkbox"/> | <input type="checkbox"/> | released from jail or prison over 12 months ago |

_____ of 7 _____%

Level 4: Serious Housing Barriers

- | <u>Yes</u> | <u>No</u> | Applicant has . . . |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | has income under 30 percent of Median Family Income (MFI) from only SSI/ SSDI |
| <input type="checkbox"/> | <input type="checkbox"/> | current (within last 30 days) active use of illegal drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | bad rental history (3 or more evictions) |
| <input type="checkbox"/> | <input type="checkbox"/> | has a record (any time) of property damage to rental housing |
| <input type="checkbox"/> | <input type="checkbox"/> | has severe behavioral problems |
| <input type="checkbox"/> | <input type="checkbox"/> | has children in the household with severe behavioral problems |
| <input type="checkbox"/> | <input type="checkbox"/> | recent (within last 12 months) arrest for criminal activities and pending trial |
| <input type="checkbox"/> | <input type="checkbox"/> | recent (within last 12 months) conviction for a felony |
| <input type="checkbox"/> | <input type="checkbox"/> | recent (within last 12 months) release from jail, penitentiary or prison |
| <input type="checkbox"/> | <input type="checkbox"/> | current (within last 30 days) sexual abuse in the family unit |
| <input type="checkbox"/> | <input type="checkbox"/> | current (within last 30 days) battering with the abuser in the family unit |

_____ of 11 _____%

APPLICANT REPRESENTATION AND AUTHORIZATION

AUTHORIZATION BY APPLICANT AND/OR APPLICANT'S LEGAL GUARDIAN:

I am the individual to whom the information in this application applies or the applicant's legal guardian. I represent that the information provided in this application is true, correct, and current to the best of my knowledge and belief. I know that if I make any representations which I know are false, I may be disqualified from initial or continuing eligibility in the Regional Rental Assistance Program for which I am applying.

I hereby authorize CA Housing Management Services to verify any and all of the information stated within this application as it deems necessary.

I agree to cooperate in this verification process by signing such consent forms as may be requested to authorize others, including income source representatives and behavioral health service providers to provide information and documentation necessary for CA Housing Management Services to determine my current and/or ongoing eligibility for assistance under this program.

I further agree to inform CAHMS of any changes in the information provided which may occur during the application process and/or any period in which rental assistance is received under this program.

Applicant/Tenant Signature: _____ Date: _____

Legal Guardian Signature (*if applicable*): _____ Date: _____

APPLICATION CHECKLIST

This checklist is intended to assist you in assuring that your application is complete prior to submitting to CAHMS. It is not considered a required part of the application. You may utilize it as you see fit. Thank you!

Yes	N/A	
		Applicant & Other Contact Information; General Household Information (Pages 3 & 4)
<input type="checkbox"/>		Current applicant contact and household information completed.
<input type="checkbox"/>	<input type="checkbox"/>	Name and contact information of applicant's legal guardian and/or representative payee provided.
<input type="checkbox"/>		Name and contact information of <u>at least one</u> behavioral health professional who is currently assisting applicant, or will be assisting applicant with housing, is provided.
		Citizenship / Legal Immigration Status
<input type="checkbox"/>	<input type="checkbox"/>	If U.S. citizen, declaration of citizenship completed in full and signed by applicant & legal guardian as applicable (page 5); OR
<input type="checkbox"/>	<input type="checkbox"/>	If Legal Immigrant, declaration of non-U.S. citizenship completed (page 5); legal immigration status category checked and signed by applicant & legal guardian as applicable (page 6); AND
<input type="checkbox"/>	<input type="checkbox"/>	Required documentation of legal immigration status is included prior to forwarding application (page 6)
		Household Income & Expenses
<input type="checkbox"/>		Sources of income, assets, 'Yes-No' questionnaire, medical expenses sections completed (page 7 & 8)
<input type="checkbox"/>		Certification related to income signed by applicant & legal guardian as applicable (page 8).
		Behavioral Health Requirements & Priorities - Diagnostic Information
<input type="checkbox"/>		Diagnostic information provided (page 9)
<input type="checkbox"/>		Authorization and certification signed by applicant and legal guardian if applicable (page 9)
<input type="checkbox"/>		Verification and certification by behavioral health worker completed and signed (page 9)
		Behavioral Health Requirements & Priorities - Ongoing Behavioral Health Services
<input type="checkbox"/>		Applicant acknowledgement, agreement & certification completed and signed by applicant and legal guardian if applicable (page 10)
<input type="checkbox"/>		Behavioral health service provider certification completed, including services currently being provided and to be provided; certification signed by behavioral health service provider (page 10).
		Behavioral Health Requirements & Priorities - HHSS Priorities for Rental Assistance
<input type="checkbox"/>		At least one priority is checked and all information related to that priority is provided (page 11)
<input type="checkbox"/>		Applicant certification is completed and signed by applicant and legal guardian if applicable. (page 11)
<input type="checkbox"/>		Behavioral health service provider certification completed and signed (page 11)
		Transition or 'Bridge' Assistance
<input type="checkbox"/>		Status of seeking other rental assistance is indicated by checking one box only; required information under box checked is completed in full (page 13)
<input type="checkbox"/>		A copy of all documentation received from one or more public housing authorities related to applicant's status is included with this application (page 13).
<input type="checkbox"/>		Applicant certification completed and signed (page 13)
<input type="checkbox"/>		Behavioral health service provider certification completed and signed (page 13)
		Demographic and Statistical Information
<input type="checkbox"/>		Demographic and statistical information completed in full.
		Application Signature and Authorization
<input type="checkbox"/>		Applicant representation and authorization signed and dated by applicant and applicant's legal guardian if applicable.

