



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 that has been dispensed 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)

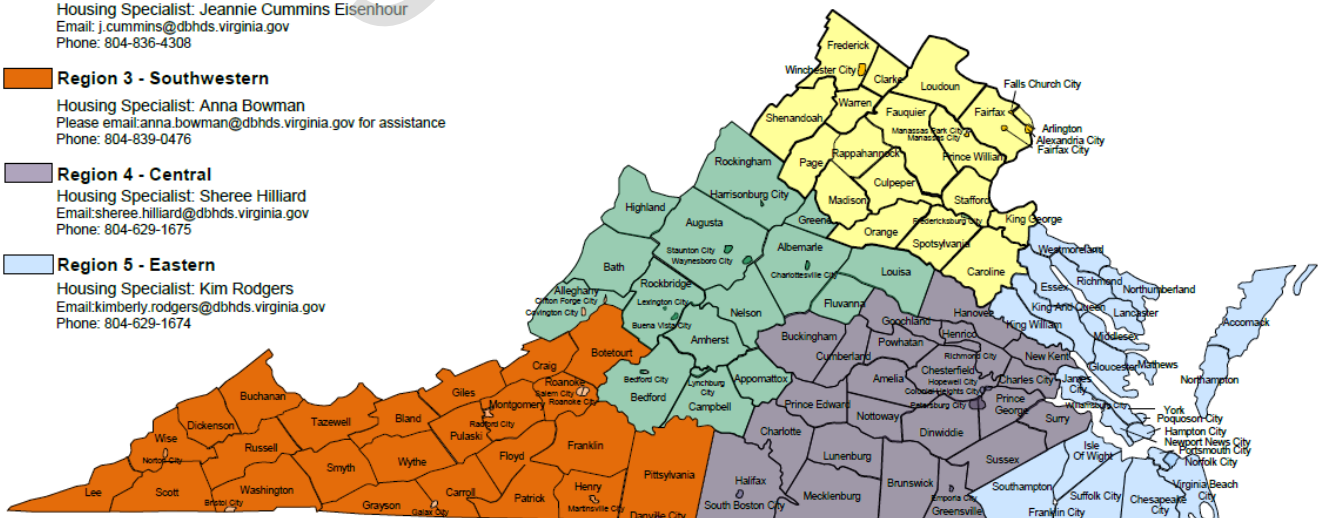
All forms must be faxed to: 804-692-0077.

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



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

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 (###-###-####) | |
| MAILING 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) | Age | Relationship to the Individual (e.g., sibling, cousin, friend, etc.) <i>Please indicate if this person is also in Settlement Agreement Population</i> | 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 <i>(If you contract with a CSB to provide Support Coordination, please list your organization's name and the name CSB that you contract with to provide case management services)</i> | | ORGANIZATIONAL ROLE <i>CSB Support Coordinator</i> <i>Private Case Manager</i> | |
| MAILING ADDRESS (Street or P.O. Box) | CITY | STATE | ZIPCODE |
| TELEPHONE NUMBER (Area Code-###-####) | FAX NUMBER (Area Code-###-####) | EMAIL ADDRESS | |

Form Date (2/2017)



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Housing Initiatives for Individuals in Settlement Agreement Population

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-IDD's (e.g., PASRR level 1 and level 2 screening).

Currently resides at a DBHDS Training Center

Currently resides in an ICF-IID or nursing home and meets the LOF for Development Services 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 | Sponsored Residential | Homeless (Please indicate where the person is staying at night) |
| Non-state ICF-IID | Dwelling Owned/Leased by Family | _____ |
| Nursing Home | Dwelling Owned/Leased by Applicant | _____ |
| Group Home | Date current lease ends? _____ | Other: _____ |
| | Dwelling leased to individual by _____ | |
| | Licensed Provider | |

4. Does the individual or anyone expected to reside with them currently receive tenant or project-based rent assistance? Yes No Does the individual live in their own home? 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 how the individual will be supported prior to, 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.

| Category | Qualifying Option | Support Needed | 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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Housing Initiatives for Individuals in Settlement Agreement Population

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

Please initial by each statement:

| Eligible Individual | Support Coordinator | |
|---------------------|---------------------|--|
| jd | BC | I have read the Frequently Asked Questions document (available on DBHDS’s website via the following link: http://www.dbhds.virginia.gov (Please click the Housing Tab) and I understand this referral is for housing assistance and not an invitation to attend an information session to find out more about housing assistance. |
| jd | BC | 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. |
| jd | BC | I understand time is of the essence. It is important that 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 individual referred must be ready to move into their own rental housing within 60 days of being approved for housing assistance, or they could lose their housing assistance. |
| jd | BC | 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, Jane M Doe (Please print the individual’s name here) hereby consent and authorize the: 1) Department of Behavioral Health and Developmental Services (DBHDS); 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 is not completed in its entirety. A list of PHAs and LIHTC owners/developers that are partnering with DBHDS to make housing resources available to the Settlement Agreement population is attached.

 Name of Individual (Please Print or Type)

Jane M. Doe

 Individual’s Signature

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

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

Sara Lee

 Authorized Representative’s Signature

Billie Coordinator

 Support Coordinator’s / Private Case Manager’s
 Signature

For Office Use Only

Date DBHDS Received Referral: _____

Referral Entered By: _____

