



DBHDS Housing Voucher Referral Form

Housing Initiative for I/DD Individuals

Please type or print clearly and answer all questions completely. Incomplete forms will not be processed. Referral form must be signed by the individual being referred for assistance or their authorized representative and the staff person making the referral. Referrals must be submitted by ID and DD Support Coordinators, CIMs or CILs. All forms must be faxed to: 804-692-0077. Please include a cover page addressed to DBHDS-Housing Voucher Referral Program. If you have a question you may email Eric Leabough, DBHDS Housing Manager at eric.leabough@dbhds.virginia.gov.

APPLICANT INFORMATION

NAME	AGE	TELEPHONE NUMBER	
John Doe	25	123-456-7890	
MAILING ADDRESS (Street or PO Box)	CITY	STATE	ZIP CODE
1220 USA Street	Anywhere	Virginia	55555

Which Virginia county or city does the applicant wish to reside in? Choice

Please list all people expected to reside with the applicant:

Name	Age	Relationship to Applicant
Mr. Helpful	32	Cousin

REFERRING STAFF PERSON INFORMATION

NAME	DATE REFERRAL MADE	HEALTH PLANNING REGION	
Ms. Jane S. Coordinator	7/26/16	3	
AGENCY NAME	REFERRING INDIVIDUAL/ENTITY TYPE		
Always PC Case Management	<input type="checkbox"/> ID Support Coordinator <input checked="" type="checkbox"/> DD Support Coordinator		
	<input type="checkbox"/> Community Integration Manager <input type="checkbox"/> Center for Independent Living		
MAILING ADDRESS (Street or PO Box)	CITY	STATE	ZIP CODE
Integrated Housing Drive	Choice	Virginia	55555

TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
098-765-4321 Ext. 12	098-765-4320	j.sc@apccm.com

APPLICANT NAME:

QUALIFYING INFORMATION

Where is the applicant currently living?

- Training Center
- Non-state ICF-IID
- Nursing Home
- Group Home
- Sponsored Residential
- Dwelling Owned/Leased by Family
- Dwelling Owned/Leased by Applicant

Does the applicant have an intellectual or developmental disability? Yes No

Please check the eligibility criteria that the individual meets and attach supporting documentation that verifies eligibility for individuals in nursing homes or ICF-IDD's (e.g., level 1 and level 2 screening).

- Currently resides at a training center
- Currently resides in a nursing home or ICF-IID
- Currently on the ID or DD waiver wait lists
- Currently receives ID or DD waiver services

If applicant currently lives in their own home or rental unit, please explain why a voucher is needed? N/A

What waiver, non-waiver, or natural supports will assist the individual to live independently? John has the EDCD waiver and is on wait list for FIS Waiver.
His family will rotate providing periodic supports, as needed. He will also use flexible funds to purchase assist. tech. equip. that family will use to keep an eye on him.

How soon will the applicant be ready to move? 60 days 120 days 120+ days

If the applicant will need longer than 120 days, please explain: _____

By signing this form you agree to allow DBHDS to share the information contained on this form with any housing or service organization for the purpose of determining your eligibility for housing assistance. If the applicant is unable to sign, please complete the information for the authorized representative. This form will not be processed if the following Acknowledgements page is not completed.

Jane Doe
Print Name of Authorized Representative

Guardian/Mother
Relationship to Applicant (Legal Guardian, Power of Attorney, etc.)

Jane Doe
Applicant/Authorized Individual's Signature

7/26/16
Date

Jane S. Coaral
Referring Staff Person's Signature

7/26/16
Date

For office use only

Date DBHDS received referral form: _____

PHA Name: _____

Referral entered by: _____

Date PHA notified: _____

Acknowledgements

Instructions: The eligible individual, substitute decision maker (if any) and the support coordinator must each initial every item below, otherwise this referral form will be deemed incomplete and will not be processed. If there is no substitute decision maker, write "N/A" on the first item and mark a line through the remainder of the column(s).

Initials			Acknowledgements and Certifications
Eligible Individual	Substitute Decision Maker (if, applicable)	Support Coordinator	
	JD	JSC	I have read the Frequently Asked Questions document (available on DBHDS's website via the following link: http://www.dbhds.virginia.gov/library/developmental%20services/ds_set_aside_vouchers_faq_1_19_16.pdf) and I understand this referral is for a housing choice voucher and not an invitation to attend an information session to find out more about the voucher program
	JD	JSC	I understand a referral will not be made for individuals who: 1) are not in the DOJ target population; 2) are not at least age 18 or older; 3) want to live with a parent, grandparent, or legal guardian; or 4) want to live in a group home, ICF, nursing home, assisted living facility, etc.
	JD	JSC	I understand the referral for a voucher is a two-part process. DBHDS verifies whether an individual is in the target population and makes a referral to the local housing voucher program based on its priority/preference structure outlined in the FAQ document. After DBHDS makes the referral to the voucher program, the voucher program begins its intake and screening process to determine if the individual/household meets its eligibility requirements for the voucher program.
	JD	JSC	I understand time is of the essence. It is important that all appointments are attended and that all requested forms and documentation are provided to the local housing program by the required deadlines.
	JD	JSC	I understand that the individual referred must be ready to move into their own rental housing within 60-120 days of being approved for a voucher.
	JD	JSC	Release of Information: I/We agree DBHDS, VHDA, the local voucher program, and any other organization assisting with my transition to rental housing, can share information about initial and ongoing eligibility for the housing choice voucher program and any other pertinent information needed to help with my transition (e.g., reasonable accommodation and reasonable modification requests, utility assistance, flexible funding requests, etc.).

PLEASE PRINT

Eligible Individual's Name: _____

Substitute Decision Maker's Name & Relationship to Individual: Jane Doe
Guardian to mother

Support Coordinator's Name: J. S. Coordinator