



# DBHDS Housing Resource Referral and Assessment Form

## Housing Initiatives for Individuals in the Settlement Agreement Population

### Referral Submission Instructions:

The Referral and Assessment Form must be submitted by the person's CSB Support Coordinator/CSB Contracted Case Manager. If the individual has a Community Housing Guide, the Support Coordinator may ask the Community Housing Guide to complete Sections K – M (pages 5-9) with the individual. However, the Support Coordinator is responsible for ensuring all questions are answered and submitting the form. 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 been 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 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/CSB Contracted Case Manager.**

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

Submit this form via secure email to [housingreferrals@dbhds.virginia.gov](mailto:housingreferrals@dbhds.virginia.gov). Type "DBHDS Housing Referral from (Agency Name)" in the subject line. Alternately, you can fax the form to (804) 692-0077 with a cover page addressed to "DBHDS – Housing Resource Referral."

If you have a housing related question or need technical assistance, please contact the housing coordinator who supports the region 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 Coordinators is included below.

### DBHDS Housing Coordinators by Region

#### 1 - Western

Housing Coordinator: Marie Fraticelli  
Email: [marie.fraticelli@dbhds.virginia.gov](mailto:marie.fraticelli@dbhds.virginia.gov)  
Phone: 434-953-7146

#### 2 - Northern

Housing Coordinator: Jeannie Cummins Eisenhour  
Email: [j.cummins@dbhds.virginia.gov](mailto:j.cummins@dbhds.virginia.gov)  
Phone: 804-836-4308

#### 3 - Southwestern

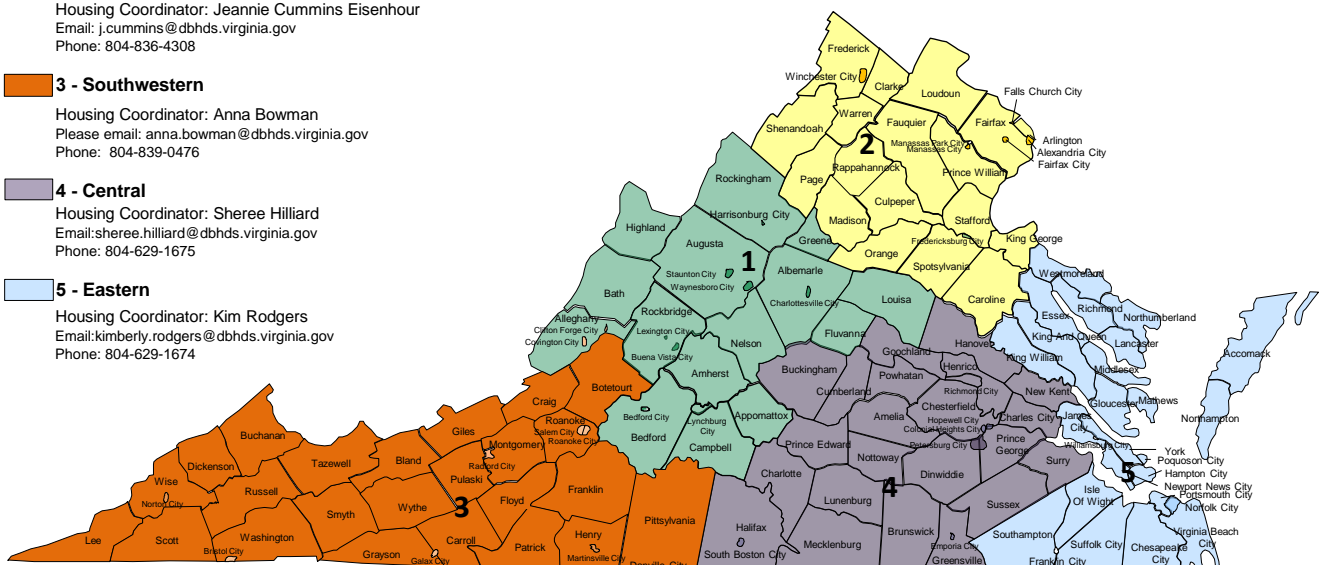
Housing Coordinator: Anna Bowman  
Please email: [anna.bowman@dbhds.virginia.gov](mailto:anna.bowman@dbhds.virginia.gov)  
Phone: 804-839-0476

#### 4 - Central

Housing Coordinator: Sheree Hilliard  
Email: [sheree.hilliard@dbhds.virginia.gov](mailto:sheree.hilliard@dbhds.virginia.gov)  
Phone: 804-629-1675

#### 5 - Eastern

Housing Coordinator: Kim Rodgers  
Email: [kimberly.rodgers@dbhds.virginia.gov](mailto:kimberly.rodgers@dbhds.virginia.gov)  
Phone: 804-629-1674



**Please do not fax this page**



## DBHDS Housing Resource Referral and Assessment Form

### Housing Initiatives for Individuals in the Settlement Agreement Population

- Initial Referral \_\_\_\_\_  
 Revised Referral \_\_\_\_\_  
 Resubmitted Referral \_\_\_\_\_  
 Rescind Referral \_\_\_\_\_

#### A. INDIVIDUAL'S CONTACT INFORMATION

NAME (First, Middle, Last Name)	DATE OF BIRTH (MM/DD/YYYY)	TELEPHONE NUMBER (###-###-####)		
CURRENT PHYSICAL ADDRESS (Street Address)	CITY	STATE	ZIP CODE	
MAILING ADDRESS if different (Street Address)	CITY	STATE	ZIP CODE	

#### B. LEGAL GUARDIAN'S OR SUBSTITUTE DECISION MAKER'S CONTACT INFORMATION

NAME (First and Last Name)	TELEPHONE NUMBER (###-###-####)	EMAIL ADDRESS		
MAILING ADDRESS (Street Address)	CITY	STATE	ZIP CODE	
RELATIONSHIP (guardian, conservator, power of attorney, authorized representative, etc.)				

#### C. EMERGENCY CONTACT'S INFORMATION (if same as legal guardian or substitute decision maker, write "same as above" in NAME)

NAME (First and Last Name)	TELEPHONE NUMBER (###-###-####)	EMAIL ADDRESS		
MAILING ADDRESS (Street Address)	CITY	STATE	ZIP CODE	
RELATIONSHIP (guardian, conservator, power of attorney, authorized representative, parent, grandparent, sibling, friend, etc.)				

#### D. SUPPORT COORDINATOR/CSB CONTRACTED 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, list your organization's Name and the name of the CSB that you contract with to provide case management services)		ORGANIZATIONAL ROLE <input type="radio"/> CSB Support Coordinator <input type="radio"/> CSB Contracted Case Manager		
MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER (###-###-####)	FAX NUMBER (###-###-####)	EMAIL ADDRESS		

#### E. HOUSING LOCATION

What **county or city** in Virginia does the individual prefer to reside in? Please list in order of priority. Do **NOT** list towns or neighborhoods. For a list of counties and cities, see [https://en.wikipedia.org/wiki/List\\_of\\_cities\\_and\\_counties\\_in\\_Virginia](https://en.wikipedia.org/wiki/List_of_cities_and_counties_in_Virginia)

1)	2)	3)
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**DBHDS Housing Resource Referral and Assessment Form**  
**Housing Initiatives for Individuals in the Settlement Agreement Population**

Individual's Name: \_\_\_\_\_

**F. HOUSEHOLD COMPOSITION**

List the individual and all persons who will reside with the individual **and** be on his/her lease. **The household cannot include the individual's parents, grandparents or guardians. Do NOT list persons who will live with the individual but have their own leases.** Include birth dates, relationship, and student status. Identify household members in the Settlement Agreement population. List each person's gross monthly income. Indicate whether each agrees to make his/her income and resources available to the household (exclude live-in aides).

First and Last Name	Date of Birth	Relationship (self, spouse, sibling, child, unrelated friend, live-in aide)	In Settlement Agreement population? (Yes or No)	Full-Time Student? (Yes or No)	Gross Monthly Income (include wages, benefits, pensions, etc.)	Agrees to Make Income/Resources Available to Household? (Yes or No)
		<b>Individual/Self</b>				

Have all persons above been asked and agreed to become members of the individual's household?  YES  NO

**G. RESOURCE PREFERENCES**

What type of housing assistance is the individual requesting? Select one or more resources listed below.

- Project-based Rental Assistance (PBRA)** – Landlord has agreed to participate in a rent assistance program and the rent assistance is linked to a unit at a specific property. If the person moves, the rent assistance typically stays with the unit at the property.
- Tenant-based Rental Assistance (TBRA)** – Support Coordinator and applicant are responsible for locating a landlord that is willing to accept rent assistance and participant in a rent assistance program. The assistance is linked to a specific person, so if the person moves, the rent assistance goes with them.

*Does the individual plan to live in a dwelling with other renters who have their own leases?*  YES  NO

- Low-Income Housing Tax Credit (LIHTC) Property** – Rental housing that has units with rents 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 Rent Assistance while at other properties individuals with very low incomes (e.g., SSI/DI) may require Tenant-based Rent Assistance.

*If the individual is interested in a specific LIHTC Property, write the property's name here:* \_\_\_\_\_

**H. 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 facilities 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 facility and meets the functional requirements for a Developmental Disability Waiver (please attach documentation)
  - Currently receives Building Independence, Family and Individual Support or Community Living Waiver services
  - Currently on the waitlist to receive Building Independence, Family and Individual Support or Community Living Waiver services

3. Where is the applicant currently living?

- |   |  |   |
|---|--|---|
| <input type="radio"/> Training Center   | <input type="radio"/> Sponsored Residential  | <input type="radio"/> Homeless (where does person stay at night?) _____ |
| <input type="radio"/> Non-state ICF-IDD | <input type="radio"/> With Family  | <input type="radio"/> Other: _____                                      |
| <input type="radio"/> Nursing Facility  | <input type="radio"/> Dwelling Owned by, Leased by or Leased for Applicant. Lease ends on _____ (date) | _____   |
| <input type="radio"/> Group Home        | <input type="radio"/> Dwelling Leased to Individual by Licensed Provider                               |   |



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

Individual's Name: \_\_\_\_\_

4. Does the individual or anyone expected to reside with him/her currently receive tenant- or project-based rent assistance?  YES  NO
5. Does the individual have a lease in his/her name?  YES  NO
6. If approved for rent assistance, will the individual continue to live in the same rental unit or house?  YES  NO

*If the individual currently leases his/her own home or has tenant or project-based rent assistance, attach a detailed explanation of why housing assistance is needed. Please complete and attach the Financial Need Worksheet and a copy of the current lease.*

**I. WORK/VOCATIONAL TRAINING**

*Employers can provide verification of income for rental applications and can also serve as positive rental references. The individual may wish to ask if he/she can list the employer as a reference on rental applications or if the employer would write a reference letter. Participation in supported employment and vocational training may impact eligibility and/or amount of assistance received in certain rental assistance and affordable housing programs.*

Currently Employed? (Yes/No)		Hours Per Week	
Name of Employer		Type of Work (full time, part time, temporary, seasonal)	
Street Address		City	
State		Zip Code	
Supervisor Name		Phone Number	
OK to contact for rent reference? (Yes/No)		Email	
Currently in Supported Employment, Vocational Training or Vocational Rehabilitation (e.g., DARS)? (Yes/No)		Hours Per Week	
Name of Program		Program Contact Person	
Program Phone Number		Email	

**J. SERVICES AND SUPPORTS**

Does the individual have an open case for active support coordination services?  YES  NO

*If the individual is NOT open to active support coordination services (e.g., TCM or waiver), please explain below who will assess the person's housing and support needs, coordinate the development of a plan to meet housing and support needs, provide linkages to housing resources and 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.*

Please complete the following information based upon the results of the individual's Virginia Individuals with Disabilities Eligibility Survey (VIDES). Describe assistance needed in each qualification category to help the individual maintain health and safety and/or comply with a lease in rental housing AND who will provide the services/supports.

Category	Qualifying Option	Describe the assistance the individual needs to maintain health and safety and comply with a lease in rental housing. Identify WHO will provide WHAT services/supports to meet each need (e.g., in-home support provider, CD personal assistance provider, family member, live-in aide, etc.).	Have the Identified Services/Supports Been Secured (e.g, has a provider or natural support agreed to provide services/supports)?*
<i>Example:</i>  Task Learning Skills	<input checked="" type="radio"/> Met <input type="radio"/> Not Met	<i>Joe needs reminders and prompts to complete steps to prepare simple meals, wash dishes, do laundry, and perform housecleaning tasks. He needs help getting up and ready for work on time. He needs help with math calculations. ACME will provide in-home supports to assist with meals, dishes, laundry &amp; housecleaning. Joe's live-in aide will help him get up and ready for work. Joe's parents will help him pay bills.</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Health Status	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Communication	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Task Learning Skills	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Personal/Self Care	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Motor Skills	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Behavior	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Community Living Skills	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No
Self-Direction	<input type="radio"/> Met <input type="radio"/> Not Met		<input type="radio"/> Yes <input type="radio"/> No

\*If the answer is "no," we suggest you submit an RST referral prior to making this referral. Contact the Community Resource Consultant in your region for information about how to submit an RST referral.

**Note:** If the individual has a Community Housing Guide, the Support Coordinator can ask the Community Housing Guide to complete Sections K – M (pages 5-9) with the individual. The Support Coordinator and individual must sign Sections N and O.

**K. SPECIAL POPULATION CONSIDERATIONS**

Is the individual in a population that may be eligible for specific housing resources? (check all that apply)

- HIV/AIDS
- Homeless (e.g., sleeping at night in a shelter, on the street or another place not fit for human habitation)
- Chronically homeless (e.g., has a disability and has experienced homelessness for a year or longer, or experienced at least four episodes of homelessness in the last three years [must be a cumulative of 12 months])
- Veteran

**L. READINESS**

This section examines whether an individual may face barriers to applying for rent assistance and/or rental housing and affording independent living, such as (1) missing required documentation to submit an application, (2) outstanding debts, (3) criminal charges or convictions that would disqualify him/her, (4) an eviction history that would disqualify him/her, and (5) insufficient resources to cover initial housing costs and routine living expenses.

1. If approved for a housing resource, the eligible individual and any roommates or live-in aide (if applicable) will be ready to move into rental housing in:     30 days                       60 days                       90 days                       more than 90 days

***If more than 90 days is required, please attach a detailed explanation as to why a referral is being made at this time.***

2. Which housing eligibility documents does the individual need help to obtain? (Check all that apply. If all documents are secured, leave blank.)

	Social Security card
	Government issued photo ID (e.g., passport, state issued ID, military ID)
	Birth certificate or proof of citizenship/permanent legal residency in the U.S.
	Proof of income letter from Social Security
	Current bank statement(s)
	Other income and asset documentation

***These items must be presented to the public housing agency (PHA) and property managers in order to begin the housing application process.***

3. Has the individual ever had trouble with (check all that apply):

	paying rent on time?
	keeping up with utility bills?
	visitors/guest problems?
	landlord/neighbor relationships?
	clutter/home maintenance?
	being evicted?

4. If the individual has an eviction history, please list the dates and reasons (e.g., nonpayment of rent, damage to unit, unauthorized occupants, etc.). If there is no eviction history, write "n/a."

Date	Reason

5. Does the individual currently owe money to (check all that apply):

<input type="checkbox"/>	a previous landlord (e.g., for unpaid rent, fees or damages)?
<input type="checkbox"/>	a public housing agency (e.g., for rent or other amounts)?
<input type="checkbox"/>	a utility company (e.g., for unpaid utility bills or fees)?

6. Has the individual (check all that apply):

<input type="checkbox"/>	been convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project?
<input type="checkbox"/>	been subject to a lifetime registration requirement under a state sex offender registration program?
<input type="checkbox"/>	engaged in the use of illegal drugs (within the last 12 months)?
<input type="checkbox"/>	had any other criminal charges or convictions?

7. Please obtain a credit report with the individual from [www.annualcreditreport.com](http://www.annualcreditreport.com). Indicate whether the credit report shows any outstanding debts or collections in the following areas:

<b>Type</b>	<b>Name of Company Owed</b>	<b>Amount Due</b>	<b>In Collections? (Yes/No)</b>
Landlord			
Utilities			
Telephone			
Child Support			
Car			
Credit Card			
Medical			
Other:			

8. Has the individual filed for bankruptcy?       YES  NO      If yes, date: \_\_\_\_\_

9. Check all up-front costs the individual needs assistance to cover to get into housing:

<input type="checkbox"/>	rental housing application fee
<input type="checkbox"/>	holding fee
<input type="checkbox"/>	security deposit
<input type="checkbox"/>	first month's rent up front
<input type="checkbox"/>	utility deposit
<input type="checkbox"/>	moving expenses (vehicle, movers, boxes, etc.)
<input type="checkbox"/>	furniture
<input type="checkbox"/>	household supplies

(please continue on the next page)

10. **Estimated budget when living in rental housing**

This budget projects the individual's income and expenses in rental housing. Under Income, remember to account for changes in monthly benefits that may occur when individuals move from their families' homes to their own homes. Under Flexible Expenses, be realistic about wants and needs. Apportion expenses to be shared among housemates, and include only the individual's share in this budget. For expenses which will be fully paid by another source (e.g., a Special Needs Trust, ABLE Account, family, etc.), provide the name of the source in the "Alternative Source" column and do not list an amount in the "Cost" column. *\* If the individual has applied for a rent subsidy, estimate the subsidized amount he/she will pay toward rent and utilities (e.g., approximately 30-40% of monthly income toward rent and utilities, NOT including phone, internet and cable). If the individual has not applied for a rent subsidy, estimate the full cost of rent and utilities for the unit size needed.*

Monthly Income		Monthly Flexible Expenses	Cost	Alternative Source
Earned Income	\$	Savings	\$	
SSI	\$	Groceries	\$	
SSDI	\$	Eating Out	\$	
SSA	\$	Entertainment/Hobbies	\$	
Pension	\$	Laundry	\$	
Other	\$	Cleaning/Household Supplies	\$	
Other	\$	Clothes/Personal Care Supplies	\$	
<b>TOTAL INCOME [A]</b>	\$	Gasoline/Bus/Taxi	\$	
		Newspaper/Magazines	\$	
Monthly Fixed Expenses	Cost	Alternative Source	Alcohol/Cigarettes	\$
Rent*	\$		Tuition/Books	\$
Electric	\$		Barber/Beautician	\$
Gas/Oil	\$		Auto Maintenance	\$
Water/Sewer	\$		Doctor/Dentist	\$
Home Phone	\$		Pets	\$
Cell Phone	\$		Parking	\$
Internet Service	\$		Repairs	\$
Trash Pickup	\$		<b>TOTAL FLEXIBLE [D]</b>	\$
Cable	\$			
Medical Insurance	\$		<b>FIXED [B]</b>	\$
Auto Insurance	\$		<b>DEBT [C]</b>	\$
Life Insurance	\$		<b>FLEXIBLE [D]</b>	\$
Renters Insurance	\$		<b>TOTAL EXPENSES [E]</b>	\$
Child Support/Alimony	\$			
Child Care	\$		Subtract Expenses from Income (A-E)	
Other	\$		TOTAL INCOME [A]	\$
<b>TOTAL FIXED [B]</b>	\$		TOTAL EXPENSES [E]	\$
			<b>DIFFERENCE + OR -</b>	\$
Monthly Debt Payments	Cost	Alternative Source	Notes	
Installment Loans	\$			
Automobile Loan	\$			
Credit Card Payments	\$			
<b>TOTAL DEBT [C]</b>	\$			



## M. HOUSING HISTORY

### 1. Current Living Situation

Describe the individual's current living situation in terms of the type of residence, rent, subsidy and leasing arrangements.

Type of Residence (e.g., training center; ICF/DD; group home; family home; commercial rental property; public housing; or unit owned by service provider, private owner, relative, etc.)		
Property Name	Owner/Landlord Name	
	Owner/Landlord Phone	
Does the individual have a lease in his/her name? (Yes/No)		If YES, what date does the lease end?
If there is no lease, has individual been given a date he/she must leave this housing? (Yes/No)		If YES, what date must individual leave this housing?
		Why must individual leave this housing?
Is the individual charged rent for this living situation? (Yes/No)		If YES, how much is the rent? (e.g., \$X/month)
		Who charges the individual rent? (e.g., landlord, family, service provider)
Is the housing subsidized? (Yes/No)		If subsidized, is subsidy tenant- or project-based?
Does a representative payee manage the individual's rent? (Yes/No)		OK to serve as rent reference? (Yes/No)

### 2. Residential Experiences

For each setting in which the individual has previously lived, list the dates of residence. Describe what worked/didn't work about each setting. This information will help identify housing features and supports the individual may need in rental housing. It may also suggest housing features to avoid.

Type of Residential Setting	Dates of Residence	What about this Setting Worked for the Individual? What Didn't Work?
State Training Center		
Skilled Nursing Facility		
State Psychiatric Hospital		
Residential Substance Abuse Treatment Program		
Private Intermediate Care Facility (ICF/DD)		
Assisted Living Facility		
Group Home for adults with DD		
Group Home for adults with Mental Illness		
Family Home (e.g., with parent, guardian, sibling)		
Emergency Shelter for Homeless		
Transitional Housing for Homeless		
Permanent Supportive Housing for Homeless		
Jail, prison or juvenile detention facility		
Residential school		
Hotel or motel		
Foster Care Home or Foster Care		
Street/Place Not Meant for Human Habitation		
Other (describe):		

### 3. Rental History

Provide a summary of the individual's experience living in **rental housing**. If the individual has not lived in rental housing, put "N/A" in the first box. List the most recent rental housing arrangement first and work backwards. **Do not include the current living situation or the residential settings in the "Residential Experiences" section above (e.g., family home, group home, etc.).** Note: in "subsidized" housing, the individual's rent payment is based on a percentage of his/her income. A "tenant-based" subsidy is a subsidy that the individual can take to any landlord who will accept it. A "project-based" subsidy is attached to and remains with a specific unit at a property. This information may reveal issues to consider when applying for housing assistance or for apartments, or supports needed to maintain housing. It may also uncover potential sources of positive rental references.

a.			
Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence (check one)	<input type="radio"/> Commercial apartment rental <input type="radio"/> Privately owned housing unit <input type="radio"/> Public housing <input type="radio"/> Housing unit owned/leased by service provider <input type="radio"/> Unit owned by a relative <input type="radio"/> Other _____	OK to serve as rent reference? (Yes/No)	
Was the individual charged rent? (Yes/No)		How much was the rent? (e.g., \$X/month)	
Did the individual have a lease? (Yes/No/Don't Know)		Reason for Leaving	
Was housing subsidized? (Yes/No)		If subsidized, was subsidy tenant- or project-based?	
b.			
Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence (check one)	<input type="radio"/> Commercial apartment rental <input type="radio"/> Privately owned housing unit <input type="radio"/> Public housing <input type="radio"/> Housing unit owned/leased by service provider <input type="radio"/> Unit owned by a relative <input type="radio"/> Other _____	OK to serve as rent reference? (Yes/No)	
Was the individual charged rent? (Yes/No)		How much was the rent? (e.g., \$X/month)	
Did the individual have a lease? (Yes/No/Don't Know)		Reason for Leaving	
Was housing subsidized? (Yes/No)		If subsidized, was subsidy tenant- or project-based?	

**N. ACKNOWLEDGEMENTS AND CERTIFICATIONS**

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 the support coordinator (or a family member) attend all housing appointments and that all requested forms and documentation (original copies of birth certificate and Social Security card, photo ID, 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 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 on this referral 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.

**O. CONSENT FOR THE RELEASE AND EXCHANGE OF INFORMATION**

I, \_\_\_\_\_, am signing this form for

*(FULL PRINTED NAME OF INDIVIDUAL)*

My relationship to the client is:  Self  Parent  Power of Attorney  Guardian  Other Legally Authorized Representative

I permit the Department of Behavioral Health and Developmental Services (DBHDS) to request, obtain, release and share with the following entities 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 to the Settlement Agreement population:

- the support coordination entity listed on page one
- any Public Housing Agency (PHA) that has provided a Housing Choice Voucher Set-aside or preference for individuals in the Settlement Agreement Population
- any PHA that is under contract with DBHDS to administer the State Rental Assistance Program
- 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

I acknowledge a list of PHAs and LIHTC owners/developers that provide a leasing preference for the Settlement Agreement population is available from DBHDS upon request.

If the applicant is unable to agree and consent, a documented legal representative must complete and provide consent. Failure to provide consent will prohibit processing of the DBHDS Housing Resource Referral & Assessment Form. I understand that this form will not be processed if it is not completed in its entirety.

I permit \_\_\_\_\_  
*(name of referring agency and staff person)*

and the Approved Agencies below to use and exchange the information in this housing referral and assessment among themselves for the purpose of assisting me with developing my individual service plan and my housing action plan, identifying and applying for housing resources and services for which I may be eligible, and coordinating access to housing resources and services.

Information may be shared (check all that apply):  in writing  in meetings  by phone  by computerized data  by fax

Approved Agencies:

- Department of Behavioral Health & Developmental Services

-  
-  
-

This authorization is effective on \_\_\_\_\_ (date).

This authorization is good until (check one):  \_\_\_\_\_ (date) or  when my service case is closed.

I can withdraw this authorization at any time by notifying any involved agency listed above. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this authorization as valid consent to share information. ***If I do not sign below, information will not be shared and I will have to contact each agency individually to give them information about me that they need.*** However, I understand that housing and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorizing Person)

\_\_\_\_\_  
(Support Coordinator) Date: \_\_\_\_\_

Person Explaining Form: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Other (If Required): \_\_\_\_\_  
 Parent  Witness (Signature) (Address) (Phone Number)

FOR AGENCY USE ONLY

CONSENT HAS BEEN: \_\_\_\_\_ DATE REQUEST RECEIVED: \_\_\_\_\_  
 Revoked in entirety  
 Partially revoked as follows: \_\_\_\_\_

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:  
 Letter (Attached Copy)  Telephone  In Person

AGENCY REPRESENTATIVE RECEIVING REQUEST:

\_\_\_\_\_  
(Agency Representative's Full Name and Title)

\_\_\_\_\_  
(Agency Address and Telephone Number)