



Thank you for your interest in the Division of Mental Health (DMH) Permanent Supportive Housing Bridge Subsidy Initiative! Pages 4-10 of this document comprise the application for Round 3 of this Initiative. Before proceeding with the application, please ensure that the applicant meets the criteria outlined on this page.

Please do not complete this application unless you can answer “yes” to ALL of the following six questions by checking the box at the left of each item:

- 1. Is the applicant engaged or enrolled with a DMH contracted community mental health center?
- 2. Does the applicant have an Axis I diagnosis of serious mental illness as defined by DMH or co-occurring mental illness and substance abuse diagnoses?
- 3. Is the applicant in at least **one** of the following categories?
 - a. Resident of a Long Term Care Facility (nursing facility), or
 - b. At risk of placement in a nursing facility¹, or
 - c. Extended long term patient (at least 6 months) in a State Hospital, or
 - d. An aging-out adolescent or young adult from an Individual Care Grants (ICG) program, or
 - e. A DCFS ward aging-out of guardianship, or
 - f. A resident of a DMH funded supported or supervised (including MH-CILA) residential setting, or
 - g. Experiencing chronic homelessness as defined by DMH².
- 4. Is the applicant’s household income at or below 30% of the Area Median Income for the community in which he or she currently resides?³
- 5. Has a mental health assessment from a Division of Mental Health contracted community mental health center been completed for this applicant within the last 12 months?
- 6. Is the applicant currently on a Public Housing Authority waiting list for a Section 8 Housing Choice Voucher (HCV) or comparable rental subsidy **or** does the applicant agree to register/apply for a HCV or comparable permanent rental subsidy when such opportunities are available?

¹ To be eligible under this category the applicant must have had a recent (within 60 days) Pre-Admission Screening/Mental Health and have been either determined to be appropriate for Long Term Care admission on a time limited basis or at risk of Long Term Care admission due to the lack of community resource/residential alternatives.

² A homeless individual or family who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. An episode is a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter. In defining the chronically homeless, the term “homeless” means a person or family residing in a place not meant for human habitation (e.g., living on the streets) a safe haven, or in an emergency shelter. In rural communities that utilize hotel/motel vouchers in lieu of emergency shelter, individuals making use of such vouchers are considered eligible under this program only if the hotel/motel stay is time limited and funded by a third party.

³ Household income includes any regular income or benefits received by all adult member(s) of your household. If you do not know the AMI for your area please visit the following link <http://www.huduser.org/Datasets/IL/IL09/il.pdf>

What is Permanent Supportive Housing?

Permanent Supportive Housing (PSH) is housing (typically rental apartments) linked with flexible community-based support services that are available to tenants when they need them, but are not mandated as a condition of living in the housing unit. These supports could include things like mental health or substance abuse services, help arranging medical appointments or reminders to pay the rent.

What is the Division of Mental Health PSH Bridge Subsidy Initiative?

The DMH Bridge Subsidy Initiative will provide rental assistance to persons who meet the defined eligibility criteria and who have serious and persistent mental illness. This rental assistance will allow consumers to establish safe, decent, affordable rental housing of their choice in the community. The Initiative is designed to serve as a bridge until participants have the opportunity to transition to a permanent rental subsidy such as the Housing Choice Voucher Program (Section 8).

Requirements to Apply for the Permanent Supportive Housing Bridge Subsidy Initiative

In order to be considered for the DMH Bridge Subsidy Initiative, you must answer “yes” to the six questions on page 1 of this document and fully complete the application checklist on page 3.

How Do I Apply for the DMH PSH Bridge Subsidy Initiative?

You should complete the attached application in collaboration with a Division of Mental Health contracted Community Mental Health service provider. You must answer all of the questions as fully as possible and provide all required attachments. Incomplete applications will be denied.

Where Do I Send my Completed Application?

Please see the application cover letter included in this packet for instructions on how to submit your application.

Application Checklist

The following checklist is designed to assist you in ensuring that your application is complete. Please verify that all of the required information is included before submitting your application.

- Completed application with responses given for all items submitted within three weeks from the date on the application cover letter.
- A copy of the Mental Health Assessment within one year from its origination date. A one page addendum is required if there have been significant clinical changes during this time frame. The document should be titled Mental Health Assessment Addendum.
- A copy of the LOCUS assessment completed within the last sixty (60) days. A LOCUS dated later than sixty days will not be accepted.
 - The LOCUS score must fall within a range of 22 or below. A LOCUS score of 23 may be considered only with supporting documentation detailed in the treatment plan explaining how the agency will assist the consumer with managing his/her stability.
- Copy of the Treatment Plan completed within six (6) months of the application.
 - If there is a significant risk factor identified in the application or MHA, the Treatment Plan must address how the agency will assist the consumer in managing the risk.
- If “at risk of nursing home placement” is selected as the priority population for this application, a Copy of the Determination Letter for the Pre-Admission Screening/Mental Health (PAS/MH) must be submitted. The PAS/MH must have been completed within 60 days of the application.
- Signature of applicant and care manager on page 9.
 - Electronic signatures are acceptable on documents required for submission. Please note, however, that both the applicant and the care manager must sign this application.
- Completed Appendix 1: Household Income Chart
- Documentation of income such as a pay stub or social security letter

Division of Mental Health Permanent Supportive Housing Bridge Subsidy Initiative Application

Please complete the entire application as fully as possible. **Attach the required documents and return them with the signed application to the Illinois Mental Health Collaborative for Access and Choice at P. O. Box 06559, Chicago, Illinois 60606. If you have any questions, please call 866-359-7953.**

Information regarding this application will be sent to your care manager at the agency address provided at the time the application was requested. A copy of materials will also be sent to you at the address you provide in Section 1 below.

Section 1: Applicant (Head of Household) Information *Please Print Clearly*

 First Name Middle Initial Last

 Street

 City State Zip Code

_____-_____-_____
 Social Security Number _____/_____/_____
 Birth Date

It is important for us to be able to get in touch with you. Please provide as much information as possible.

Home: (____) _____-_____
 Work: (____) _____-_____
 Pager: (____) _____-_____
 Mobile/Cell: (____) _____-_____
 Fax: (____) _____-_____
 Email: _____

Gender:

Male Female Other: _____

Your Race (Voluntary, please circle):

- | | |
|---|---|
| 1. White | 2. Black or African American |
| 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. Other: _____ |

Your Ethnicity (Please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic origin):

Hispanic Origin: Yes No

United States Veteran (Please check):

Yes No

Section 2: Eligibility for Bridge Subsidy Initiative

In order to be considered for the Bridge Subsidy Initiative, you must provide responses to all of the following items:

1. **Has a mental health assessment been completed by a Division of Mental Health contracted community mental health center within the last 12 months?**

Yes No

If yes, name of mental health center: _____

Name of care manager/therapist: _____

Address of care manager/therapist: _____

Phone number of care manager/therapist: _____

Email address of care manager/therapist: _____

2. **Do you have an Axis I diagnosis of serious mental illness or co-occurring mental illness and substance abuse diagnoses?**

Yes No

If you checked "Yes" above, you must provide the following information about your psychiatric and physical history. Information must be completed for all five axes:

Please provide the following information about your psychiatric and physical history:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF) _____

For any Axis III diagnosis or condition listed, please describe how you are being assisted to manage this condition: _____

Do you have dual diagnoses of mental illness and developmental disability (MI-DD)?

Yes No

If yes, identify the DD diagnosis _____

1. Have you been continuously homeless for a year or more OR have had at least four (4) distinct episodes of homelessness in the past three (3) years?
 Yes No
2. Are you currently residing in a place not meant for human habitation (e.g., living on the streets), a safe haven, or in an emergency shelter? *(In rural communities that utilize hotel/motel vouchers in lieu of emergency shelter, individuals making use of such vouchers may check "yes" to this item only if the hotel/motel stay is time limited and funded by a third party.)*
 Yes No

4. **In order to qualify for the DMH PSH Bridge Subsidy Initiative, you must have a current household income at or below 30% of Area Median Income (AMI). Household income includes any regular income or benefits received by all adult member(s) of your household.** If you do not know the AMI for your area please visit the following link:
<http://www.huduser.org/Datasets/IL/IL09/il.pdf>

4a. **Is your income level currently at or below 30% of the Area Median Income (AMI)?**
 Yes No

4b. **Please estimate the total combined monthly income for everyone who will live in the household: \$ _____**

Please fill out the Household Income chart included as Appendix 1 to this application on page 10.

5. **If you are accepted into the DMH PSH Bridge Subsidy Initiative you must be currently on a waiting list for a Section 8 Housing Choice Voucher (HCV) or comparable rental subsidy or agree to register/apply for a HCV or comparable permanent rental subsidy when such opportunities are available. Do you agree to maintain your status on such a waitlist or apply for open lists when possible?**

Yes No

6. **In addition to maintaining your status on or applying for an HCV or other rental subsidy list, you must agree to accept an HCV voucher or other comparable tenant-based rental subsidy if it is offered to you. Do you agree to accept a tenant-based HCV voucher or other comparable rental subsidy if it is offered to you?**

Yes No

Section 3: Household Information

7. **List all other persons (immediate family, only) who will be living in the unit and their relationship to the Applicant. Complete the information in the chart for all members of the household.**

First Name	Last Name	Relation to Applicant	Birth Date	Age	Sex	Social Security #

- 8. **Criminal History:** An answer of “yes” to any of the following question will not necessarily result in a denial of your application for the Bridge Subsidy Initiative. This information is being requested to evaluate if adequate supports could be provided in order to ensure your success in permanent supportive housing.

Do you or any member of your household who will live in the unit have a criminal record?

Please check.

- Yes No

If “Yes” to the above please indicate whether any of the following statements apply to you or any member of your household:

8a. Charged or convicted of fire setting/arson within the past 3 years.

- Yes No

If “yes” please indicate if the statement applies to the applicant or a household member:

- Applicant Household member (please specify): _____

8b. Charged or convicted of child sexual abuse within the past 3 years.

- Yes No

If “yes” please indicate if the statement applies to the applicant or a household member:

- Applicant Household member (please specify): _____

8c. Charged or convicted of sexual violence or assault within the last 3 years.

- Yes No

If “yes” please indicate if the statement applies to the applicant or a household member:

- Applicant Household member (please specify): _____

8d. Charged or convicted of violent crime within the past 3 years.

- Yes No

If “yes” please indicate if the statement applies to the applicant or a household member:

- Applicant Household member (please specify): _____

8e. On the Sexual Violent Crime Registry.

- Yes No

If “yes” please indicate if the statement applies to the applicant or a household member:

- Applicant Household member (please specify): _____

8f. Other criminal charges or convictions in the last 3 years not specified in 8a-e.

- Yes No

If “yes” please indicate if the statement applies to the applicant or a household member:

- Applicant Household member (please specify): _____

Explanation of any "yes" statements checked above: _____

Section 4: Signatures

I understand and affirm that if the applicant is approved for a Bridge Subsidy and is currently residing in a DMH contracted supervised or supported residential treatment setting (including MH-CILA) he or she will move out of this setting to execute the Bridge Subsidy.

Signature of Applicant

Date

Signature of Care Manager

Date

I authorize the Division of Mental Health and its contracted entities to utilize the information contained in this application to determine my eligibility for the DMH Bridge Subsidy Initiative and to contact my care manager with questions or information regarding this application. I agree to complete additional forms/documentation that may be required to finalize my application. I certify that all information contained in this form is true to the best of my knowledge.

Signature of Applicant

Date

I certify that I have reviewed all information contained in this referral with the Applicant and that all information is true to the best of my knowledge.

Signature of Care Manager

Date

Thank you for completing the Application for the Division of Mental Health Permanent Supportive Housing Bridge Subsidy Initiative. The information you have provided will be reviewed and a response will be mailed to you within 10 business days of the receipt of this Application.

Appendix 1: Summary of Household Income and Asset Sources

Income:

Please put the **monthly amount of income** for each household member in the boxes as appropriate. **Please provide documentation for all income sources listed (i.e. pay stubs, copy of SSI check, etc.)**

	Applicant	Household Member	Household Member	Household Member	Household Member	Household Member
SSI						
SSDI						
Employment #1						
Employment #2						
Child Support						
Social Security						
Pension Income						
Public Assistance						
Self-Employment						
Other						
Other						

Assets:

Do you own any real estate? Yes No

If yes, please provide the address: _____

List below the assets of everyone who will live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. Do not include clothing, furniture or cars.

	Head of Household	Household Member	Household Member	Household Member	Household Member	Household Member
Checking Account						
Savings Account						
Stocks, Bonds						
Trust						
IRA, Other Pension						
Other						