

Illinois Department of Human Services
4.18 IDHS Housing Retention Financial Assistance Request

Form Date:

First 3 Letters of Participant's First Name:	Decree:
First 3 Letters of Participant's Last Name:	Care Management Agency:
Date of Transition:	Subsidy Administrator:
Participant/Care Manager Contact Info:	

Name of Person Submitting Request:
Email Address:

Housing retention assistance requests are requests made to IDHS staff with the intention of helping Bridge Subsidy Participants retain their housing and live successfully in the community.

IDHS may also receive request to provide rental assistance when a Bridge Subsidy participant has:

1. experienced a crisis that requires a short-term rehabilitative stay.
2. transitioned their benefit payee status from an institution.
3. transitions from the Bridge Subsidy to Permanent Housing voucher (SRN, Section 811, etc...).

This form should be completed when requesting approval from the IDHS DMH Housing Coordination Unit related to the housing retention of Williams/Colbert Class Members and Front Door Diversion Participants. The form should be sent to DHS.DMHCWCDHousing@Illinois.gov.

Housing Retention Financial Assistance Request Type:

- CM Rent Portion Payment Request Lease termination fees or expenses

Reason for Request/Review:

- | | |
|---|---|
| <p><input type="checkbox"/> Temporary Out-of-Home Stay (<i>select duration and type and/or sub-type below</i>):
<input type="checkbox"/> ≤ 30 days <input type="checkbox"/> 31-60 days <input type="checkbox"/> 61-90 days <input type="checkbox"/></p> <p><input type="checkbox"/> Inpatient Treatment</p> <ul style="list-style-type: none"><input type="checkbox"/> Hospitalization<input type="checkbox"/> Substance Use Disorder Treatment <p><input type="checkbox"/> Short-term rehabilitative stay</p> <ul style="list-style-type: none"><input type="checkbox"/> Nursing care facility<input type="checkbox"/> SMHRF <p><input type="checkbox"/> Incarceration (>60 days)</p> | <p><input type="checkbox"/> Whereabouts unknown (>60 days)</p> <p><input type="checkbox"/> Benefit payee change</p> <p><input type="checkbox"/> Participant death (30-day subsidy portion only)</p> <p><input type="checkbox"/> Failed inspection/abatement relocation</p> |
|---|---|

Rationale/Justification for Request:

Must Be Completed for all Temporary Out-of-Home Stays:

- N/A – Does not apply
- Date the stay out of unit began:
- Date of anticipated to return to the unit:
- Date of loss of payeeship or income:

Total Cost Estimates:

Additional Comments:

This section of the form is to be completed by a member of the IDHS Housing Coordination team. It should be returned to the Bridge Subsidy Administrator contact and care management contacts identified above.

Housing Coordinator:

Date request received:

Date of IDHS response:

SRN/Section 811 Application verified: Yes No

Status of application:

IDHS Conference Date:

N/A

Conference Details:

IDHS Rationale for Determination:

IDHS Additional Comments:

IDHS Review Outcome:

APPROVED DENIED N/A

of months approved for CM portion payments:

N/A

INSTRUCTIONS TO HOUSING COORDINATOR:

- ☑ The Housing Coordinator will send this written notice to the Bridge Subsidy Administrator and the contact submitting the request to inform them of this determination. CC:
 - All Housing Coordination Unit Members
 - The CCMTTP MOA
 - The Housing and Recovery Support Administrator

- ☑ The CCMTTP MOA will add this review/outcome to their daily tracking report so that it can be added to the Monthly Master Housing Tracking Report.