

Community Supports- Housing Deposits



Information and Referral form

This referral form is required for authorization

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

What is Housing Deposits services?

Housing Deposits is a CS service that assists with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute room and board, such as:

- Security deposits required to obtain a lease on an apartment or home.
- Set-up fees/deposits for utilities or service access and utility arrearages.
- First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
- First and last month's rent as required by landlord for occupancy.
- Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
- Goods such as an air conditioner or heater, and other medically necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home. Other examples include hospital bed, Hoyer lift, air filter, specialized cleaning, or pest control supplies etc. that are necessary to ensure access and safety for the individual upon move-in to the home.

CONSENT

Member/ Authorized Representative Consenting to Housing Deposit YES NO

Authorized Representative Name: _____ Relation: _____

Reason Member unable to consent: _____

If NO, please stop and do not continue.

MEMBER INFORMATION

Name: _____ Medi-Cal # CIN (9 digits): _____

DOB: _____ Phone Number: _____ Preferred Language: _____

Current Living Situation: _____

Address: _____

REFERRER INFORMATION

Referrer Name: _____ Referrer Phone Number: _____

Referrer Email: _____ Agency: _____

Agency Phone Number: _____ Agency Fax Number: _____

Community Supports-Housing Deposits Referral Form

Referrer Signature

Date

ELIGIBILITY CRITERIA

Member must meet one or more of the following eligibility criteria:

- Member is currently receiving or has received Housing Transition Navigation services **AND** one of the following:
 - Have one or more serious chronic condition or serious mental illness.
 - At risk of institutionalization or require residential services because of SUD or Serious Emotional disturbance.
 - Enrolled with ECM
 - Transition-Age Youth with significant barriers to housing stability.
- Member is prioritized for permanent supportive housing unit or rental subsidy through Coordinated Entry System (CES) or similar system **AND** one of the following:
 - Have one or more serious chronic condition or serious mental illness.
 - At risk of institutionalization or require residential services because of SUD or Serious Emotional disturbance.
 - Enrolled with ECM
 - Transition-Age Youth with significant barriers to housing stability.
- Member meets the Housing and Urban definition (HUD) of homelessness **AND** one of the following:
 - Have one or more serious chronic condition or serious mental illness.
 - At risk of institutionalization or require residential services because of SUD or Serious Emotional disturbance.
 - Enrolled with ECM
 - Transition-Age Youth with significant barriers to housing stability.
- The individualized Housing Support Plan is attached which showcases the documented needs.

Organization who helped develop the Housing Support Plan:

Community Supports-Housing Deposits Referral Form

HOUSING DEPOSITS

Complete each line item for each service, modification, or item member requires to establish a basic household that doesn't constitute room and board.

Note: All housing deposits funds requested must be included below.

Include which category by number (1- 6 listed below) the request is associated to.

1. Security deposits required to obtain a lease on an apartment or home.
2. Set-up fees/deposits for utilities or service access and utility arrearages.
3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
4. First and last month's rent as required by landlord for occupancy.
5. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
6. Goods such as an air conditioner or heater, and other medically necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home. Other examples include hospital bed, Hoyer lift, air filter, specialized cleaning, or pest control supplies etc. that are necessary to ensure access and safety for the individual upon move-in to the home.

Organization	Purpose for Fund	Amount Requested	Notes	Category

If member has previously received Housing Deposits Community Supports services, please include information explaining what conditions have changed to demonstrate why the second attempt would be more successful.

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039 or via the secure link

Secure Link: <https://gateway.cencalhealth.org/form/cs>

For any questions, please call the Community Supports Unit at (805) 562-1698.