**Current Housing and Eligibility Information**

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| **First Name:**  **Last Name**:  **Street:**  **City:**        **State:**        **Zip Code:**        **County of Residence:**  **Homeless:** Choose an item.  **Name of Legal Guardian:** | **MIS #:**        **NJCAT Self Care/Behavior/Medical**       **Tier:**        **NJCAT Date:**        **Medicaid Eligible:** Choose an item.  **Waiver Enrollment:** Choose an item.  **Income Source:** Choose an item.  **History of Evictions:** Choose an item.  **Previously received housing assistance:** Choose an item. |
| **Presently experiencing a housing instability:** Choose an item.  **If yes, please describe:** | |

**Support Coordination Contact**

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| **Support Coordination Agency Name:**  **Support Coordination Agency Street/City/State/Zip Code:**  **Name of Assigned Support Coordinator:**  **Phone number:**  **Email:**  **Assigned DDD QAS:** |

**Step One: Planning**

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| **1. Does the individual have Medicaid and are they actively receiving DDD services?** Choose an item.  **2. Has the Planning Team met and discussed the individual’s housing and support needs including how these needs may change in the proposed living arrangement:** Choose an item.  a. Will the services in the current plan meet the individual’s needs in the proposed setting? Choose an item.  b. Is the existing budget sufficient to support all staffing needs in the proposed setting? Choose an item.  c. The team has reviewed the assigned NJCAT tier and waiver program (CCP/SP) and confirms that no changes are  needed at this time.Choose an item.  **3. If the individual is on the Community Care Program (CCP) and will receive Provider Managed Services, has the Planning Team met to determine whether the individual requires personal guidance**: Choose an item.  Personal guidance is defined as “the assistance provided to an individual with intellectual/developmental disabilities on a daily basis in activities of daily living because he or she requires help completing such activities of daily living and/or cannot direct someone to complete such activities when physical disabilities prevent self-completion; or there is a documented health or mental health problem requiring supervision of the person for the protection of the individual or others. In the absence of a court determination, the Planning Team determines the need for personal guidance for each individual, in accordance with N.J.A.C. 10:44A-4.3(c).”  **4. Does the individual have a long-term source of income through benefits or employment:** Choose an item.  **5. Will the individual have sufficient funds to contribute thirty percent (30) of his/her income toward the monthly rent plus all the other costs associated with living in an apartment (utilities, transportation, food, phone, etc.):** Choose an item.  **6. Has the support coordinator informed the individual/family/guardian of the following:**   * 1. DDD’s Housing Subsidy Program provides rental assistance to individuals enrolled in and receiving services from DDD:Choose an item.   2. Household members may not be added without permission from DDD:Choose an item.   3. If approved for a DDD housing subsidy, the proposed unit must be at or below DDD’s Published Rent Standards, which are available on DDD’s Housing Assistance webpage: [www.nj.gov/humanservices/ddd/individuals/housing](http://www.nj.gov/humanservices/ddd/individuals/housing)Choose an item.   4. The expectations for those participating in DDD’s Housing Subsidy Program are included in the Housing Assistance Policy, which is available on DDD’s Housing Assistance webpage: [www.nj.gov/humanservices/ddd/individuals/housing](http://www.nj.gov/humanservices/ddd/individuals/housing)Choose an item.   5. This program provides funding for housing. It does not provide any additional disability related services: Choose an item.   **If a “no” response is given for any of the questions in this section, then further planning is needed. If you need assistance, please submit a “Seeking Out Support” form to** [**DDD.SCAHelpdesk@dhs.nj.gov**](mailto:DDD.SCAHelpdesk@dhs.nj.gov)**.**  **If you have answered “yes” to all questions, please proceed to Step Two.** |

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**Step Two: Proposed Living Arrangement**

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| **Please describe the type of living arrangement being requested:**  **Type:** Looking for a New Rental  **Shared living arrangement:** Choose an item. **If yes, please provide the following information:**   1. **Names of all adult household members:** 2. **Do any of the proposed adult household members have a history of eviction:** Choose an item. 3. **If applicable the ages and genders of all children:**   **Total number of bedrooms being requested:** Choose an item.    **Should correspondence be sent to the tenant:** Choose an item.  **If no, please provide a contact name/address/phone/email:** |
| **Step Three: Submission**  **Please submit completed form via iRecord. Email** [**DDD.HousingSubsidy@dhs.nj.gov**](mailto:DDD.HousingSubsidy@dhs.nj.gov) **once the form has been uploaded to iRecord.  The email must include the DDD ID# and should not be encrypted or include attachments.**  **A determination will be issued within 10 business days.** |