

# **Region 4: Request for Permanent Supportive Housing Funds**



The Region 4 office manages a limited pool of housing stabilization for Region 4 CSBs/BHA. Funds may be accessed on behalf of individuals who have an urgent and/or emergent housing-related need that can be met with one-time or time-limited financial support that is not available through other means. This funding is considered a last resort option.

Funds will be made available on behalf of adults with serious mental illness (SMI) or SMI with co-occurring substance use disorder who are not current participants in the DBHDS PSH program and meet the following criteria aligning with the PSH model:

- a. Quality housing unit where the individual has rights of tenancy.*
- b. Affordable and sustainable to the individual.*
- c. CSB/BHA service(s) is provided to help support housing stability.*

Please submit completed forms to designated point of contact at your CSB/BHA for review

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**Request Date:**

**Requestor:**

**CSB/BHA:**

**Requestor E-mail:**

**CSB ID:**

**Individual Client  
Name:**

**1. Type of housing stability funds being requested (i.e. housing assistance, deposit, application fee, etc.):**

**2. Length of funding  
requested:**

- 1 Month
- 2 Months
- 3 Months
- Other

**If more than 3 months is being requested, include the extraordinary circumstances below for consideration:**

**3. Total amount of the request:**

**4. Name of Vendor (recipient of the funds):**

**5. What other resources have been explored, or already in place? (i.e. SNAP, TANF, etc.):**

**6. Has the individual been provided Region 4 PSH funding within the last 12 months?**

Yes      No

**7. Is this individual open and receiving at minimum one CSB/BHA service?**

Yes      No

**8. Have the individual's income and other resource benefits been identified to verify the sustainability of the placement?**

Yes      No

**Describe the individual's income and the sustainability plan for this placement (SSI/SSDI, employment income, etc.):**

**9. Does the individual have a confirmed severe mental illness (SMI), or SMI/substance use co-occurring diagnosis as defined by DBHDS?**

Yes      No

**10. Specific housing has been identified or already exists:**

Yes      No

**11. Briefly describe the crisis situation that is prompting this request. *Be sure to include relevant information about the individual's financial resources. If no resources have been identified, provide details for the next steps to acquire resources:***

**Additional Comments:**

**Post Approval Process:**

1. Vendors submit invoices directly to the requesting CSB/BHA for review and approval.
  2. Requesting CSB/BHA will complete a New Vendor Request Form, which can be found on the Region 4 website.
  3. CBS/BHA will submit the invoice and the New Vendor Request Form via encrypted e-mail to [region4invoices@rbha.org](mailto:region4invoices@rbha.org).
  4. RBHA will process the invoice within a 30-day time frame.
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**For Region 4 Use Only**

**Disposition:**

- Approved
- Approved with Modification
- Denied

**Date:**

**Signature:**

**Comments:**