



Region 4 Request for Permanent Supportive Housing Funds

The Region 4 office manages a limited pool of housing stabilization and mitigation funds 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

Request date: _____ Requestor: _____

CSB/BHA: _____ Email: _____

Individual client name: _____ CSB ID#: _____

1. **Type of housing stability and/or mitigation funds requested (i.e., housing assistance, deposits, application fees, etc.):**

2. **Funding is requested for:**

1 month

2 months

3 months

Other: (Describe) _____

3. The total funding request is: \$ _____ and funds are to be paid to (vendor name):

4. Other resources that have been explored are:

5. Has this individual been provided Region 4 PSH funding within the last 12 months?
 Yes No
6. Is this individual open and receiving at minimum one CSB/BHA service?
 Yes No
7. Has the individual's income and other resource benefits been identified to verify sustainability of placement?
 Yes No
8. Does the individual have a confirmed severe mental illness (SMI), or SMI/ substance use disorder co-occurring diagnosis?
 Yes No
9. Has specific housing been identified or already exists?
Yes No
10. Briefly describe the crisis situation that is prompting this request. **Be sure to include relevant information about the individual's financial resources (SSI/DI, work income, etc.) If no financial resources have been identified, provide detailed next steps to acquire resources:**

Disposition: Approved Approved with modification Denied

Date: _____

Signature: _____

Comments:

Post-approval process:

1. Vendors are to submit invoices directly to the Requestor for review and approval. It is recommended that vendors submit a W-9 simultaneously to prevent delays in payment. Current W-9 forms can be found on the IRS website.
2. The Requestor may then forward the invoice and W-9 to the Regional Office invoicing mailbox via encrypted email at region4invoices@rbha.org
3. RBHA processes invoices within a 30-day time frame.