



METROPOLITAN DEVELOPMENT & HOUSING AGENCY
REFERRAL FOR THE MAINSTREAM NON-ELDERLY WITH A DISABILITY
PROGRAM

Name of person being referred: _____		
Mailing Address _____		
City _____	State _____	Zip _____
SSN: _____ - _____ - _____	Date of Birth: ____/____/____	

Number of family members in household _____ Annual Income \$ _____

Race: White Black American Indian Asian Pacific Islander

Will applicant require a live-in-aide? YES NO

PART I – Eligibility Certification

The referring agency certifies that the household being referred includes one or more non-elderly person (age 18-61) with a disability who: (Check One)

Is exiting an institutional or other segregated setting, which include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities;

Is at serious risk of institutionalization because, in the absence of the provision of a moderate level of home and community based services and supports, the individual's condition and/or ability to continue living in the community will likely deteriorate, resulting in the need for more expensive institutional placement.

Literally Homeless - and currently staying (Check One):

In a Shelter On the streets In a transitional housing facility, **and**
before entering was in a shelter or on the streets

PART II – Definition of “disability”:

For the purpose of this program, HUD defines a person with a disability as (i) a person who has a disability, as defined in 42 U.S.C. 423; (ii) a person who has a physical or mental impairment that (A) Is expected to be of long-continued and indefinite duration; (B) Substantially impedes his or her ability to live independently, and (C) Is of such nature that the ability to live independently could be improved by more suitable housing conditions; or (iii) Has a developmental disability as defined in 42 U.S.C. 6001.



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PART III – Supportive Services Statement

The referring agency certifies that case management and/or any other necessary supportive services will be provided on an as needed basis following housing procurement. To the best of my ability, I will respond to any questions or concerns about the applicant/participant. I will keep documentation of these services on file, and will submit such upon request by MDHA.

Signature of Case Manager

Printed Name

Agency/Organization

Phone

E-Mail

Date

Reviewed for completeness by Housing Specialist:

Signature

Printed Name

Date



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VERIFICATION OF HOMELESSNESS - HOMELESS REFERRALS ONLY

Tell us about the applicant’s times of homelessness. All episodes of homelessness, whether chronic or non-chronic, must be verified.

Date Started	Date Ended	Streets	Name of Shelter	Verifying Signature

Date of last permanent address: _____ **Zip** of last permanent address: _____

Third Party (Preferred)

Intake worker observation (If third party verification is not available)

Certification from the person seeking assistance (Permissible only for up to 3 months)

Documenting an individual’s time in a place not meant for human habitation, an emergency shelter, or safe haven. Third party documentation is preferred; however:

- For all clients, up to 3 months can be documented through self-certification;
- A single encounter in a month is sufficient to consider household homeless for entire month unless evidence of a break;
- If third party documentation cannot be obtained, a written record of intake worker’s due diligence to obtain, the intake worker’s documentation of the living situation, **AND** the individual’s self-certification of the living situation.

Documenting breaks in homelessness – any break(s) in homelessness must be documented by:

- Third party evidence
- The self-report of the individual seeking assistance (100% of the breaks can be documented by self-report)

Documenting institutional stays:

- Discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and ending dates of time residing in the institutional care facility;
- Where the above is not attainable, a written record of intake worker’s due diligence to obtain **AND** the individual’s self-certification that he or she is exiting an institutional care facility where they resided for less than 90 days.



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VERIFICATION OF DISABILITY

The disabling condition of the qualifying family member must be verified in accordance with program requirements.

Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

The following are acceptable methods of verification of disabling condition:

1. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
2. Written verification from the Social Security Administration;
3. Copies of a disability check (e.g., SSDI check, SSI check or Veterans Disability Compensation);
4. Intake staff (or referral staff) observation that is confirmed within 45 days of the application for assistance and accompanied with one of the types of evidence above; or
5. Other documentation approved by HUD.

Please attach one of the above verifications to this referral.

Return referral and all verifications to:

**MDHA - Norman Deep, Director of Rental Assistance
P O Box 846
Nashville, TN 37202 or ndee@nashville-mdha.org.**