

RECOVERY REQUIRES A COMMUNITY: CHECKLIST AND APPLICATION

Introduction & Directions

In order to utilize Recovery Requires a Community funds, a series of steps must be taken to ensure “due diligence.” This is not meant to restrict the amount of money available to the individual, but to ensure that all local resources have been pursued before seeking Recovery Requires a Community funding.

Each section heading is a category of funding for which Recovery Requires a Community will provide assistance, with a section at the end for other, non-categorized needs. Use the checklist to determine what is required, when each step has been completed, by whom, and whether other documentation is required to demonstrate due diligence. At the end of each section, indicate the amount of money requested, utilizing the formulas provided (if applicable). This document will then be submitted to the Recovery Requires a Community program.

Please keep in mind that *you only need to fill out sections that you are requesting funding.* You do not need to fill out the arrears section, for instance, if you are only requesting housing assistance.

In addition to this document, if applicable, please affix any other supplemental information that may assist in determining what is needed for the individual.

If there are any questions or concerns, the Recovery Requires a Community office is always happy to answer questions or assist in the process. Please feel free to call 614-387-2799, or email recovery@mha.ohio.gov.

Basic Information

Participant Name:	Medicaid ID #:
Date of Birth:	Social Security #:
Present Address:	Contact #:
Pre-Transition Case Manager (Name and Phone):	Transition Coordinator (Name and Phone):
County ADAMH Board:	

Please briefly describe the individual's current health needs, including diagnosis and any significant issues which, at the time of application, are believed to be reasons why Recovery Requires a Community funding is required:

Application Completed by:

Date:

Application Reviewed by:

Date:

Application Submitted on:

Housing Assistance

Note: Recovery Requires a Community is **not meant to be a permanent housing subsidy**, but is meant to act as a “bridge” until a more suitable option is available.

1. Please rank the following housing types from one to five (1-5) where one (1) means it is most preferred housing & five (5) means it is least preferred. <i>Each number may be used only once.</i>	2. How much support is needed in each of these living environments? <i>Please check only one per line.</i>					
Housing Choices	Rank	Daily	Weekly	Monthly	None	Don't Know
A. Live in a house, apartment, or room by yourself		<input type="checkbox"/>				
B. Live in a house, apartment, or room with family		<input type="checkbox"/>				
C. Live in a house, apartment, or room with roommate(s)		<input type="checkbox"/>				
D. Live in a group setting w/other clients & have 24/7 staff support on-site						
E. Live in an assisted living setting						
3. What is the address of the house, apartment, or room that the individual is interested in leasing?						

If the individual wants to live in a group setting:

4. Has an application been submitted to the Ohio Department of Mental Health and Addiction Services for the Residential State Supplement Program (RSS)?

- Yes (Date Submitted: _____) No (SEE BELOW)

Note: An Application to RSS must be submitted before approving Recovery Requires a Community Funding.

5. What was the response of RSS?
 Accepted (RSS will pay for housing assistance) Rejected

Please provide documentation of RSS application and acceptance or rejection.

If the individual wants to live in a house, apartment, or room:

6. What is the amount of rent for the unit? _____
7. How many bedrooms are in the unit? Efficiency 1BR 2BR 3BR 4BR+
8. Are you aware of any subsidies currently with the unit? (Contact a property manager if you are not sure)
 Yes (Please list: _____) No

9. Does the individual have a tenant-based voucher?
 Yes (SEE BELOW) No

Note: If an individual has a voucher, Recovery Requires a Community will not pay a housing subsidy.

10. Has the individual attempted to apply for a tenant-based voucher with a Public Housing Authority?
 Yes (Please indicate name of voucher and application date: _____)
 No

Note: Before applying for Recovery Requires a Community, every individual is required to attempt to receive a tenant-based voucher with the housing authority.

11. What was the explanation from the housing authority?
 The waiting list is closed. (Please provide official documentation from the PHA)
 The waiting list is a certain length (How long is it? _____)

Note: If open, please place the individual on a waiting list, irrespective of its length. This will not preclude the individual from receiving housing supports through Recovery Requires a Community.

Contact Information for the Public Housing Authority (who did you talk to?) _____

12. Has someone visited the housing and deemed it safe and accessible for the individual?
 Yes No

Please list the name and phone number of the individual who performed the assessment: _____

13. Does this individual have any other issues that may create a barrier to accessible and affordable housing?
 Criminal background
 Credit
 Back-payment owed to rent, utilities, etc. (Please indicate amount and type of payment owed: _____, and proceed to "Arrears" portion of checklist)
 Other (Please specify: _____)

Budget & Calculation

Line Number	Budget and Calculation	Amount
1	Individual's current monthly gross income (rounded to nearest dollar)	
2	Required amount individual will pay toward rent: Please multiply amount in line 1 by .30 (30%).	
3	If known, please enter the amount of rent here. If unknown, mark "n/a" and use only the Fair Market Rent calculation.	
4	Fair Market Rent: Please refer to this document for current Fair Market Rents. If this number is smaller than #3, please enter it here.	
5	Amount per month of Recovery Requires a Community Resources needed: Please subtract the smaller amount from line 3 or 4 from the amount in line 2.	
6	Annual amount of Recovery Requires a Community Resources needed: Please multiply the amount in line 4 by 12.	
TOTAL	<i>Please enter this amount on the final page of the application:</i>	

Arrears

Note: Recovery Requires a Community is not intended to pay for any kind of debts on a long-term basis, and is a last resort. If Recovery Requires a Community can assist by paying a portion of rent or another item so an individual may pay a debt, the program will work to do so. However, the program strongly encourages still filling out the checklist and pursuing the steps, as there may be opportunities to eliminate the debt through other means.

Checklist

1. Explain the nature of the debt:
2. For non-utility related debts, has there been contact to the local legal aid office? (You can find the legal aid office by using this website: <http://www.ohiolegalservices.org/programs>)
 Yes No (SEE BELOW)

In order to qualify for Recovery Requires a Community Funding, you must make contact with a legal aid office. Provide some documentation regarding this contact.

If yes, when was it and what was the response?

3. Have you asked the individual to participate in a Credit Counseling program? (A list of Department of Justice approved Credit Counselors is at: http://www.justice.gov/ust/eo/bapcpa/ccde/CC_Files/CC_Approved_Agencies_HTML/cc_ohio/cc_ohio.htm)
 Yes No (SEE BELOW)

Recovery Requires a Community strongly recommends encouraging individuals to work through a credit counseling program in order to provide assistance in a new approach to finances. These classes may be especially beneficial when an individual is utilizing HOME Choice and an Independent Living Skills Trainer.

If the individual agreed, what program are they utilizing? _____

If the individual declined, what was the reason why? _____

4. If the debt is utility related, have you assisted the individual in applying for any applicable assistance to reduce bills and assist with eliminating debt? (A list of potential options are at: <http://www.puco.ohio.gov/puco/index.cfm/consumer-information/consumer-topics/energy-assistance-programs-help-with-paying-your-utility-bills/>)
 Yes (Please provide documentation) No (SEE BELOW)

In order to qualify for Recovery Requires a Community funding, applications must be made to these programs. Please provide documentation to show that these programs have been applied to and received by the Ohio Development Services Agency.

Budget & Calculation

1. After all applications have been submitted and assistance received, what is the current remaining debt, and from what source?

Source	Amount (rounded to nearest dollar)
TOTAL:	<i>Please enter this amount on the final page:</i>

Supplemental Independent Living Assistance

Note: In circumstances where individuals either are no longer eligible for HOME Choice services because they have completed their 365 day stay in community, or were not eligible to utilize HOME Choice for other reasons, Recovery Requires a Community will assist in paying for the same HOME Choice supplemental services *when they are clearly shown to benefit applicants and help them stay in the community.*

Checklist

Which services are you requesting for the individual?

<input type="checkbox"/> Independent Living Skills Training	<input type="checkbox"/> Community Support Coaching	<input type="checkbox"/> Social Work/Counseling
<input type="checkbox"/> Nutritional Consultation		

If the individual has enrolled into HOME Choice:

1. Has the individual utilized the full amount of the services available to him or her through HOME Choice?

Provide documentation:

Yes

No (SEE BELOW)

If an individual did not utilize the full amount allotted through HOME Choice, please justify why the individual needs to extend the service into the next year:

2. Explain why you believe the individual will be able to move toward living sustainably in the community by continuing this service:

3. Have you pursued any other options in order to provide a similar service (e.g. peer support, faith-based programs, and senior centers if applicable)?

If the individual has not enrolled into HOME Choice:

1. Explain briefly why the individual has not enrolled into HOME Choice:

2. Explain why you believe the individual will be able to move towards living sustainably in the community by receiving this service:

3. Have you pursued any other options in order to provide a similar service (e.g. peer support, faith-based programs, and senior centers if applicable)?

Budget and Calculation

1. Please fill out this table, indicating the amount of hours requested, and the total amount of money needed. If an individual utilized HOME Choice, **any number beyond the previous amount of hours utilized will require supporting documentation justifying the increase.** For "Social Work/Counseling", indicate why this service is not covered through local community based mental health resources.

Service	Rate	Hours Requested (MAX)	Total \$ Requested
<input type="checkbox"/> Independent Living Skills Training	\$30.00/hr	(144)	
<input type="checkbox"/> Community Support Coaching	\$25.00/hr	(72)	
<input type="checkbox"/> Social Work/Counseling	\$64.12	(36)	
<input type="checkbox"/> Nutritional Consultation	\$52.56	(36)	
	TOTAL	<i>Please enter this amount on the final page:</i>	



Final Calculation and Attestation

Total Request to Recovery Requires a Community

Take the totals from each category and list them below:

Category	Money Requested (\$)
Housing	\$
Arrears	\$
Supplemental Independent Living Assistance	\$
Other	\$
TOTAL:	

Attestation

I, as an individual charged with caring for the above-named client have to the best of my ability determined the needs for the individual, and have been honest in my estimation of the required funding. I will use these resources in a way that is consistent with the intent of the request and with Recovery Requires a Community. Failure to do so may result in the funding being removed, and the denial of my participation in Recovery Requires a Community.

Transition Coordinator

Date

Name of Provider

Pre-Transition Case Manager

Date

