Attached is the application for the Division of Mental Health (DMH) Permanent Supportive Housing Bridge Subsidy Program.

**What is Permanent Supportive Housing?**
Permanent Supportive Housing (PSH) is housing (typically rental apartments) linked with flexible community-based support services that are available to tenants when they need them, but are not mandated as a condition of living in the housing unit. These supports could include things like mental health or substance abuse services, help arranging medical appointments or reminders to pay the rent.

**What is the Division of Mental Health PSH Bridge Subsidy Program?**
The DMH Bridge Subsidy Program will provide rental assistance to persons who meet the defined eligibility criteria and who have serious and persistent mental illness. This rental assistance will allow consumers to establish safe, decent, affordable rental housing of their choice in the community. The program is designed to serve as a bridge until participants have the opportunity to transition to a permanent rental subsidy such as the Housing Choice Voucher Program (Section 8).

**Requirements to Apply for the Permanent Supportive Housing Bridge Subsidy Program**
In order to be considered for the DMH Bridge Subsidy Program, you must meet all of the following eligibility criteria and fully complete the application checklist on page 2 of this document:

- You must have an Axis I diagnosis of serious mental illness or co-occurring mental illness and substance abuse diagnoses and also be in at least one of the following categories:
  - Resident of a Long Term Care Facility (nursing facility), or
  - At risk of placement in a nursing facility, or
  - Extended long term patient (at least 12 months) in a State Hospital, or
  - An aging-out adolescent or young adult from an Individual Care Grants (ICG) program, or
  - A DCFS ward aging-out of guardianship, or
  - A resident of a DMH funded supported or supervised (including MH-CILA) residential setting, or
  - Experiencing homelessness (as determined by DMH)

  **And**

- Have a current household income at or below 30% of Area Median Income (AMI) as defined by HUD and verified by the DMH Bridge Subsidy Administrator. Household income includes any regular income or benefits received by all adult member(s) of your household.

  **And**

- Have completed a mental health assessment from a Division of Mental Health contracted community health center within the last 6 months.
And

- Are currently on a Public Housing Authority waiting list for a Section 8 Housing Choice Voucher (HCV) or comparable rental subsidy or agree to register/apply for a HCV or comparable permanent rental subsidy when such opportunities are available.

How Do I Apply for the DMH PSH Bridge Subsidy Program?
First, you should complete the attached application in collaboration with a Division of Mental Health contracted Community Mental Health service provider. You must answer all of the questions as fully as possible. If you do not have the information to respond to a particular question, you may write “information not available.” You cannot be found eligible for the program or offered a unit, however, until we have a complete application and all the back-up documentation.

Where Do I Send my Completed Application?
Please see the eligibility acceptance letter on the preceding page of this packet for instructions on how to submit your application.

Application Checklist
The following application checklist is designed to assist you in ensuring that your application is complete. Please verify that you have included all of the required information before submitting your application.

- Completed application with responses given for all items
- Copy of Mental Health Assessment completed within the last 6 months
- Copy of Treatment Plan completed within the last 6 months
- Copy of Global Assessment of Functioning (GAF) evaluation completed within the last 60 days
- Copy of LOCUS assessment completed within the last 60 days
- If applicable, copy of Developmental Disability habilitation plan completed within the last 60 days
- Signature of applicant and care manager on page 8
- Completed Appendix 1: Household Income Chart
Division of Mental Health Permanent Supportive Housing Bridge Subsidy Program
Application

Please complete the entire application as fully as possible. Attach the required documents and return them with the signed application to the Illinois Mental Health Collaborative at P. O. Box 06559 Chicago, Illinois 60606. If you have any questions, please call the Collaborative at 866-359-7953.

Section 1: Applicant (Head of Household) Information

Please Print Clearly

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<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
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Street

City       State    Zip Code

It is important for us to be able to get in touch with you. Please provide as much information as possible.

Home: (_____) _____--_____________  Work: (_____) _____--_____________

Pager: (_____) _____--_____________  Mobile/Cell: (_____) _____--_____________

Fax: (_____) _____--_____________  Email:________________________________________

Social Security Number    Birth Date

Gender (Voluntary, please check):

☐ Male       ☐ Female       ☐ Other:________________________

Your Race (Voluntary, please circle):

1. White
2. Black or African American
3. American Indian/Alaskan Native
4. Asian
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native and White
7. Asian and White
8. Black/African American and White
9. American Indian/Alaskan Native and Black
10. Other:________________________

Your Ethnicity (Voluntary, please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic origin):

Hispanic Origin: ☐ Yes       ☐ No

Are you experiencing domestic violence? ☐ Yes       ☐ No
Citizenship (Voluntary, please check, checking “no” does not disqualify you from the program):

☐ Yes  ☐ No

United States Veteran (Voluntary, please check):

☐ Yes  ☐ No

Section 2: Eligibility for Bridge Subsidy Program

In order to be considered eligible for the Bridge Subsidy Program, you must answer “yes” to all of the bolded questions in this section:

1. Has a mental health assessment been completed by a Division of Mental Health contracted community health center within the last 6 months?
   ☐ Yes  ☐ No
   
   If yes, name of mental health center:___________________________________________
   
   Name of care manager/therapist:______________________________________________
   
   Address of care manager/therapist:___________________________________________
   
   Phone number of care manager/therapist:_______________________________________

2. Do you have an Axis I diagnosis of serious mental illness or co-occurring mental illness and substance abuse diagnoses?
   ☐ Yes  ☐ No
   
   Please provide the following information about your psychiatric and physical history:
   
   Axis I_________________________________________________________________
   
   Axis II_________________________________________________________________
   
   Axis III_________________________________________________________________
   
   Axis IV_________________________________________________________________
   
   Axis V_________________________________________________________________
   
   For any Axis V diagnosis or condition listed, please describe how you are being assisted to manage this condition:______________________________________
   
   _________________________________________________________________

Do you have dual diagnoses of mental illness and developmental disability (MI-DD)?
   ☐ Yes  ☐ No
   
   If yes, identify the DD diagnosis__________________________________________
3. Please indicate which of the following categories apply to you. You must check at least one to be considered eligible for the DMH Bridge Subsidy Program.

☐ Resident of a Long Term Care Facility (nursing facility)
   Name of Facility: ____________________________
   Location of Facility: ____________________________
   City       State

☐ At risk of being placed in a Long Term Care Facility
   If this item is checked, please describe why you are at risk: ____________________________

☐ Extended long-term (more than 12 months) patient in a State Hospital
   Name of Hospital: ____________________________
   Location of Hospital: ____________________________
   City       State

☐ An adolescent or young adult in an Individual Care Grant (ICG) program who is aging out
   Location: ____________________________
   City       State
   If you are in an ICG program, in how many months will you age out? ________________

☐ A ward of the Department of Child and Family Services who is aging out of guardianship
   Location: ____________________________
   City       State
   If you are a ward of DCFS, in how many months will you age out of guardianship? ________________

☐ Resident of a DMH-funded supervised or supported (including MH-CILA) residential program
   Name of Provider Operating the Program: ____________________________
   Location: ____________________________
   City       State

☐ Currently experiencing homelessness: Are you in one of the following situations? Check the one that applies:
   ☐ Living in a car, park, sidewalk, abandoned building, on the street or similar
   ☐ Living in an emergency shelter
   ☐ Living currently in a transitional housing program, but previously homeless
   ☐ Other: ____________________________
   How long have you been homeless? ________________
4. In order to qualify for the DMH PSH Bridge Subsidy Program, you must have a current household income at or below 30% of Area Median Income (AMI). Household income includes any regular income or benefits received by all adult member(s) of your household. If you do not know the AMI for your area please visit the following link:

Is your income level currently at or below 30% of the Area Median Income (AMI)?

□ Yes □ No

Please estimate the total combined monthly income for everyone who will live in the household: $_________

Please fill out the Household Income chart included as Appendix 1 to this application on page 9.

### Section 3: Household Information

List all other persons (immediate family, only) who will be living in the unit and their relationship to the Applicant. Complete the information in the chart for all members of the household.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relation to Applicant</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Social Security #</th>
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How many bedrooms does your household need? (Check box to left of appropriate bedroom size)

- Efficiency/Studio (**An apartment with every living space—the kitchen, living room, and bedroom—contained in one room.**)
- One-bedroom
- Two-Bedroom
- Three-Bedroom

Is any change expected that would increase or decrease the size of your household such as a pregnancy or divorce? If so, please explain: ________________________________________
|____________________________________|
|____________________________________|
|____________________________________|

Do you or anyone in your household require special accommodations for a housing unit to meet your needs? (Your response to this item in no way effects your eligibility for this program.)

□ Yes □ No

If yes, please describe the accommodations needed: ______________________________________
|____________________________________|
|____________________________________|
|____________________________________|
Criminal Record: We are requesting this information in order to better assist you in your search for a housing unit if you are accepted into the program. This will allow us to work with you to make your housing search more effective.

Do you or any member of your household who will live in the unit have a criminal record? Please check.

☐ Yes    ☐ No

If you checked “yes,” please provide a detailed explanation of the charges and the years these charges took place:

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Section 4: Geographic Preference

If your application to the DMH PSH Bridge Subsidy Program is accepted, you will work with your DMH care manager to locate a housing unit of your choice. Please use this section to share and rank any geographic preferences that you may have related to your housing.

1. I would prefer to live in (a particular county, city, town, part of town, or neighborhood):

____________________________________________________________________________________

2. I would prefer to live in (a particular county, city, town, part of town, or neighborhood):

____________________________________________________________________________________

3. I would prefer to live in (a particular county, city, town, part of town, or neighborhood):

____________________________________________________________________________________
Section 5: Contact Information

Please identify how you would prefer to be contacted with information or questions regarding this application:

☐ Send information to me at the address or phone number I listed in Section 1 of this application

☐ Send information to the attention of my care manager at his/her address listed in Section 1.

☐ Send information to another individual using the information provided below:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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Relationship to you_______________________________________________________________

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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Home: (____) _____--_____________ Work: (____) _____--_____________
Pager: (____) _____--_____________ Mobile/Cell: (____) _____--_____________
Fax: (____) _____--_____________ Email: _______________________________

Section 6: Signatures

I authorize the Division of Mental Health and its contracted entities to utilize the information contained in this application to determine my eligibility for the DMH Bridge Subsidy Program and to contact the persons that I have authorized with questions or information regarding this application. I agree to complete additional forms/documentation that may be required to finalize my application. I certify that all information contained in this form is true to the best of my knowledge.

Signature of Applicant

I certify that I have reviewed all information contained in this referral with the Applicant and that all information is true to the best of my knowledge.

Signature of DMH CMH Care Manager

Thank you for completing the Application for the Division of Mental Health Permanent Supportive Housing Bridge Subsidy Program. The information you have provided will be reviewed and you will receive a response within 10 business days of the receipt of this Application.
Appendix 1: Summary of Household Income and Asset Sources

### Income:
Please put the **monthly amount of income** for each household member in the boxes as appropriate. Please provide documentation for all income sources listed (i.e. pay stubs, copy of SSI check, etc.)

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Household Member</th>
<th>Household Member</th>
<th>Household Member</th>
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<td>Employment #1</td>
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<td>Employment #2</td>
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<td>Child Support</td>
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<td>Social Security</td>
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<tr>
<td>Pension Income</td>
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<td>Public Assistance</td>
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<td>Self-Employment</td>
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<td>Other</td>
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<td>Other</td>
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### Assets:
Do you own any real estate? □ Yes □ No
If yes, please provide the address:

List below the assets of everyone who will live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. Do not include clothing, furniture or cars.

<table>
<thead>
<tr>
<th>Head of Household</th>
<th>Household Member</th>
<th>Household Member</th>
<th>Household Member</th>
<th>Household Member</th>
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<tbody>
<tr>
<td>Checking Account</td>
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<td>Savings Account</td>
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<td>Stocks, Bonds</td>
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<td>Trust</td>
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<tr>
<td>IRA, Other Pension</td>
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<td>Other</td>
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