

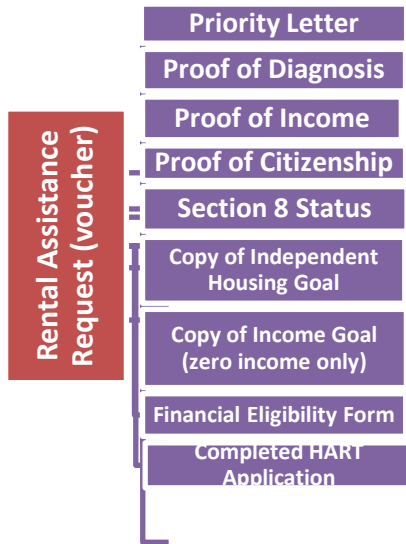


Housing Assistance Rental Transition Program

Process for Requesting a voucher

All consumers wanting to be considered for the HART program must have applied for and been denied or on the waitlist for Section 8.

- 1) Person **must be** in a Support Services Program such as Community Support, Emergency Community Support, PIR Support, or another Support Service Program.
- 2) Support Worker (referred to as SW), will work with person to determine if the HART Voucher Program will benefit the person. They must have a Severe and Persistent Mental Illness or a Substance Dependence diagnosis.
- 3) If the person has income and there is no known reason they would not qualify for Section 8, the SW should work with the person to apply for that service. If necessary, the HART Program may be able to assist with deposits.
- 4) If the person does not have income or will not qualify for Section 8 (do to criminal history or old debt to Housing Authorities) and they meet the diagnosis requirements they are a candidate for the HART Voucher.
- 5) The SW will complete the HART priority letter.
- 6) SW will email, fax, or mail the completed priority letter. Please include the documents listed below.



7) Region I Housing Coordinator will review information and determine if person meets initial qualifications.

- 8) If person does not meet qualifications, Region I Housing Coordinator will either request additional information from SW or inform SW that person does not meet requirements.
- 9) If no vouchers are available at the time of priority letter, the person will be placed on a waitlist. SW will be notified and will pass information on to applicant.
- 10) If there are vouchers available, the SW will be notified by email. SW will notify consumer they have been given a voucher.
- 11) Region I Housing Coordinator will email SW the voucher, a tenancy approval form, HART application, and Consumers responsibility documents.
- 12) Find a rental and landlord willing to work with the program.
- 13) Complete required Tenant/Landlord paperwork and return to Region I Housing Coordinator when done.

Region I Housing Coordinator’s Contact Information

David Jones
4110 Ave. D
Scottsbluff, NE. 69361

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308-635-3173

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You do not need to send pages 1 and 2 with Priority Letter. They are for you to refer to



HART VOUCHER PROGRAM

PRIORITY LETTER

INSTRUCTIONS

STEP 1: Priority Letter completed by Community Support Worker, Emergency Community Support Worker, PIR Support Worker, or other Support Services Worker.

STEP 2: See Page 1 for list of required documents to be sent with Priority Letter

Date: _____

Applicant: _____

Date of Birth: _____

SS# _____

Applicants Race: _____

Please list all current MH/SA services person is receiving: _____

Currently Homeless: Yes No

Household Size: _____

_____ # of Adults: _____ # of Children:

Explain in detail, Applicant's current living situation: _____

Does Applicant have an independent housing goal? Yes No

What is the independent housing goal? _____

Income: Yes No

Amount of income \$ _____

What is Applicant's source of income? _____



Does Applicant have an income goal? Yes No

What is the income goal? _____

Support Worker Information

Support Worker: _____ Agency: _____

Type of Support Service (circle one): ___CS ___ ECS ___ PIR___Other

Support Worker Contact Information: Phone: _____ Email: _____



HART VOUCHER PROGRAM

PRIORITY LETTER

Please put an X to show the consumer's status.

Priority 1 Population

_____ recently discharged from an inpatient mental health commitment or

_____ Eligible to move from a residential level of care to independent living

_____ **Priority 2 Population;** at risk of inpatient MH commitment, at least in part because of a lack of affordable independent housing.

Comments (do not include diagnosis):

Type of Voucher Requesting (should be the same as proof of diagnosis sent to Region I HC)

_____ SA

_____ MH



-----Region I Administration Use Only-----

Applicants Name:

_____ has been approved for application to the HART Program MH or SA

_____ has not been approved for application to the HART Program MH or SA

Reason Denied:

or

Region I Administrator

Region I Housing Coordinator

(One Signature Required)