



HART Program

One-Time Payment Request

Please email, scan, or fax to David Jones Region I Housing Coordinator (see page 2)

Please send the following with this request:

Completed One-Time Request Form	Proof of Income (letter if no income)	Eligibility worksheet (NBHS form)
Proof of Diagnosis	Proof of Citizenship	Copy of Lease
Completed HART Application	Copy of Independent Housing Goal	

Date: _____

Consumer Name: _____

Social Security #: _____

Income amount & source: _____

Authorized Service: MH SA Y

Community Support Worker: _____

Provider Agency: _____

Type & Amounts of One-Time Funding Requested

Flex Fund Categories (Put amount and whom check should be made out to, include address and phone #)

Housing Deposit \$ _____ Made out to: _____

Housing Rent \$ _____ Made out to: _____

Utilities Deposit \$ _____ Made out to: _____

Back Utilities \$ _____ Made out to: _____

Housing Related Debt \$ _____ Made out to: _____

TOTAL: \$ _____

Please include the address and phone number (if available) for those checks will be made out to, below.



Why is this request critical to the consumer's success?

Two horizontal lines for text entry.

What other resources have you explored? Please list.

Two horizontal lines for text entry.

All checks will be mailed to Network Provider in care of the Community Support Workers. Providers will need to ensure that funds get to the person or company. Providers are asked to send a copy of receipts for payment(s) to Region I Fiscal Department at 4110 Ave D Scottsbluff, NE. 69361.

Contact Information:

David Jones
Region I Housing & Supportive Living Coordinator
Office: 308-635-3173 EX: 2187
Fax: 308-632-2326

_____ FOR Region I USE ONLY _____

Region I Housing Coordinator
Or Assigned Coordinator

____/____/____ Approved

Denied
Reason Denied



Region I Administrator

___/___/___ Approved

Denied
Reason Denied