HOPE VILLAGE APPLICATION INSTRUCTIONS

Eligibility

- Applicant must be considered literally homeless, as defined by the "Homeless Definition" sheet. Must qualify as "literally homeless or precariously housed due to extreme housing instability".
- Behavioral Health Diagnosis: Applicant must have a diagnosed and documented mental, emotional or behavioral disorder as defined by federal regulation.
- Daily Living Activities: Applicant must be able to complete daily living activities independently.
- Income: Applicant must have an income level that is at or below 30% AMI.
- Additional Eligibility: Applicant must have one of the following:
    - Four or more inpatient hospital admissions in a 12-month period or five or more behavioral health related encounters with Psychiatric Emergency Services (PES) or Emergency Department (ED) in a 6-month period of time.
    - Three more admissions in a 24-month period to Bernalillo County Department of Behavioral Health Services CARE Campus supports (supportive aftercare, detox, etc.)
    - Five or more bookings at MDC in the last five years with placement in the Psychiatric Acute Care (PAC) Unit at least one of the five times.
    - Clients have been discharged from scattered site housing due to intensity of behavioral health needs.
    - Clients who have a score of 13 or higher on the VI-SPDAT screen.

Verification Documentation

- Please provide documentation of the Mental/Behavioral Health Diagnosis from the provider.
- Please provide documentation of evictions and/or program discharges due to behavioral health condition.
- Please provide income documents, such as award letter(s) or zero income self-certification form.
- We will be pulling the following information as part of the verification process:
    - HMIS record for VI-SPDAT score and shelter stays.
    - MDC documents regarding bookings.
    - CARE Campus documentation of admissions.

Release of Information

- Please have the applicant sign the attached ROIs. This is used to verify information ask on the application.

Application and Verification Documentation

Applicants must complete their application with the assistance of a behavioral health or social services provider (e.g. therapist, case manager), or a representative from the agency where they are receiving services.

Application Approval: To process the application, all sections of the application must be completeed (with exception of those sections that do not apply) and all supporting documents must be included at the time of submission. Application and supporting documents must be submitted for review. One copy is to be sent to Community Connections.

Supporting documents to include with application:

- Documentation of Mental/Behavioral Health Diagnosis from applicant's provider.
- Documentation of evictions and/or discharges of supportive housing programs due to behavioral health conditions.
- Documentation of income, such as award letter or zero income self-certification form.
- Verification of current living situation if precariously housed.

Applications and supporting documents will need to be submitted to Community Connections.

Options (Choose One)	Community Connections Contact
Email your application and supporting documents to Community Connections.	Leonette Archuleta at lsarchulet@bernco.gov
Mail your application and supporting documents to Community Connections.	Bernalillo County Housing Community Connections 2400 Wellesley NE Ste. 100 Albuquerque, NM 87107 Main # 314-0200

HOPE VILLAGE APPLICATION

Date: _____

Applicant Name: _____

Applicant's Medicaid Member I.D. # (if you do not have Medicaid, leave blank):

_____

S.S. # (Full Number):_____ D.O.B: _____

Mailing Address (place where we can locate you):

_____

_____

Phone #:_____ Email: _____

Household Income: _____

Referring Agency:_____Phone:_____

Staff Name/Title:_____Email: _____

Eligibility Check (Case Manager, please initial each spot):

____Applicant is considered "homeless" as defined below (please check one):

____Individual, 18 year of age or over, or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements or (iii) Is exiting an institution.

____Individual is precariously housed due to extreme housing instability.

____Applicant is an adult living with a diagnosable mental, emotional or behavioral disorder(s) as defined by federal regulation experiencing significant behavioral health challenges, substance use disorders and/or serious mental illness, and who requires more intensive level of services to maintain stability.

____Applicant can complete daily living activities independently.

____Applicant's income level is at or below 30% AMI.

Applicant's VI-SPDAT Score _____

Applicant must have one of the following (check all that apply):

- ☐ Four or more inpatient hospital admissions in a 12-month period or five or more behavioral health related encounters with PES or the ED in a 6-month period of time.
- ☐ Three or more admissions in a 24-month period to Bernalillo County Department of Behavioral Health Services CARE campus programs (supportive aftercare, detox, etc.)
- ☐ Five or more bookings at MDC in the last five years and placement in the PAC Unit at least one of the five times.
- ☐ Clients have been discharged from scattered site housing due to intensity of behavioral health needs.
- ☐ Clients who have a score of 13 or higher on the VI-SPDAT screen.

Documentation Check (Case Manager please initial each spot):

____Applicant has included their documentation of Mental/Behavioral Health Diagnosis from applicant's provider.

____Applicant has included their documentation of income, such as award letter or zero income self-certification form.

___Applicant has included verification of their current living situation if precariously housed.

Please sign and date the application.

Remember to include all supporting documents with your applications when submitting to Community Connections!

Applicant's Signature: _____

Applicant's Printed Name: _____ Date:_____

Referring Provider Signature: _____ Date: _____

HopeWorks and Bernalillo County Release of Information (ROI)

Attn: _____

Authorization to Request/Release Information

Requesting Agencies

HopeWorks
Attn: Abby Long
PO Box 27258
Albuquerque, NM 87125

Bernalillo County Housing Community Connections
2400 Wellesley NE Ste. 100
Albuquerque, NM 87107
Main # 314-0200

This authorizes Hopeworks and Bernalillo County Community Connections to request and/or release the following information from/to (name and address of person/agency):

_____

_____

_____

Regarding Client:_____

Date of Birth:_____ SS#: _____

The information to be disclosed is:

- ☐ Psychosocial History
- ☐ Discharge Summary
- ☐ Treatment Plans
- ☐ Educational Information
- ☐ Laboratory Data
- ☐ Verbal and Written Progress Reports
- ☐ Psychological Evaluation
- ☐ History and Physical Examination
- ☐ Psychiatric History
- ☐ Medication History
- ☐ Aftercare Plan
- ☐ Other: _____

This information is needed for the following purpose(s): _____

I understand that the information to be released may include information regarding the following condition(s):

Initial ☐ Chemical abuse and/or dependency ☐ AIDS-HIV testing

I understand that I have the right to examine and copy the information to be released. I also understand this authorization expires automatically in one (1) year from date on signature or on_____and that, although I may withdraw this authorization at any time earlier, some information may already have been released. I have been told that information released from my records may not be given to people or agencies other than those named on this form without my permission (Section 34-2A-18 NMSA 1953).

_____ _____

(Signature of Client) (Signature of Witness)

_____ _____

(Date) (Signature of Representative)

If client is unable to sign, state reason: _____

This information is requested from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the request of medical or other information is not sufficient for this purpose. This information is protected both by the State (Section 34-2A-18 NMSA 1953) and Federal (42 CFR Part 2) Regulations.