ITEMS NEEDED FOR Behavioral Health Board Housing Request

Here is what is needed to process a Housing request. All requests need to be sent to or delivered to Adult Mental Health to be signed by Joyce Lyons. You may email them to Debbie Bowden or Sami Owens at owens@dhw.idaho.gov or bowdend@dhw.idaho.gov

1. The Data Report form from - - filled out completely
2. The Housing Assistance Request form - - signed by Joyce Lyons.
    a. If the landlord is not a vendor with the State – I will need a completed, **legible**, W-9.
3. Your note printed out from clinician or person requesting the funds - with ALL of the following:
    a. Situation – why are you asking for funds?
    b. You must note that the client is either homeless, or at risk of being evicted, risk of being out on the street, etc.
    c. You must also note that they have a mental illness or substance use disorder.
    d. AND how will they be able to pay for rent the following months.
4. We need a bill/invoice/note from the landlord with one of the following: (they prefer that we have an invoice with an invoice number when possible)
    a. Saying it is Past Due AND the possibility of eviction.
    b. Noting first month's rent OR security deposit - - - (The client needs to be approved for the apartment - - I had one where I contacted the landlord prior to submitting payment and the person was not going to get the apartment. I normally do not make this call.)
5. Vendor Invoice form signed by the landlord.

Region 2 Behavioral Health Board Housing Assistance

Vendor Invoice

INVOICE # _____

Send payment to (vendor name and address):

_____

_____

_____

Name of Renter: _____

Address of Renter: _____

_____

Amount of rent (or security deposit) requested: $_____

Landlord Signature: _____ Date: _____

Idaho Department of Health & Welfare
Region 2 Behavioral Health Board
Housing Assistance Request

Date: _____ Amount of Housing Request: _____

Client Name: _____

Client Address: _____

PAYMENT RECIPIENT INFORMATION:

Vendor: _____

Vendor #: _____

New Vendor: ____ YES ____ NO

Address: _____

Phone: _____

Contact: _____

PAYMENT SOURCE INFORMATION:

Vendor #: _____

PCA: _____ S/O: _____ $: _____

PCA: _____ S/O: _____ $: _____

PCA: _____ S/O: _____ $: _____

Contract #: _____

1st Level Approval: _____

Date Received: _____

Scanned By: _____

Scanned Date: _____

Region 2 Behavioral Health Board Housing Assistance
Data Report Form

Client Name: _____ Date: _____

Amount Requested: $_____ Security Deposit _____ or 1 Month Rent _____

Vendor: _____

Housing Status

- ☐ Literally homeless
- ☐ Imminently losing their housing
- ☐ Unstably housed & at risk of losing housing
- ☐ Stably housed
- ☐ Don't know
- ☐ Refused

Gender

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other
- ☐ Don't know
- ☐ Refused

Age

- ☐ 17 and under
- ☐ 18-23
- ☐ 24-30
- ☐ 31-50
- ☐ 51-60
- ☐ 62 and over
- ☐ Don't know
- ☐ Refused

Race

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ African American or Black
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Two or More Races (check races above)
- ☐ Don't know
- ☐ Refused

Ethnicity

- ☐ Non-Hispanic/Non-Latino
- ☐ Hispanic/Latino
- ☐ Don't know
- ☐ Refused

Veteran Status

- ☐ Veteran
- ☐ Non-Veteran
- ☐ Unknown

Co-Occurring Disorders

- ☐ Co-occurring substance use disorder
- ☐ No co-occurring substance use disorder
- ☐ Unknown

Residence prior night to enrollment

- ☐ Emergency shelter
- ☐ Transitional Housing for homeless persons
- ☐ Permanent Housing for formerly homeless persons
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance use treatment facility or detox center
- ☐ Medical hospital or physical rehab center
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility
- ☐ Family member's room, apartment or house
- ☐ Friend's room, apartment or house
- ☐ Hotel or motel (no emergency shelter voucher)
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation
- ☐ Safe Haven (for people with SMI who have been unwilling/unable to participate in housing or supportive services)
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with non-VASH ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Other
- ☐ Don't know
- ☐ Refused

Length of time living outdoors or in short-term housing

- ☐ Less than 2 days
- ☐ 2-30 days
- ☐ 31-90 days
- ☐ 91 days to 1 year
- ☐ Over 1 year
- ☐ Unknown

I certify that this client meets the eligibility criteria (homeless/at risk of becoming homeless) and has a genuine need for these benefits.

_____

Clinician's signature

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ➤ -------
☐ Other (see instructions) ➤

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ➤ Date ➤

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,