Olmstead Housing Subsidy Referral Form

The Olmstead Housing Subsidy (OHS) program provides a rental subsidy and community transitional services for high-need Medicaid beneficiaries. Eligible participants of the program are those enrolled in Medicaid who are homeless and currently reside in a Skilled Nursing Facility (SNF), have spent at least one hundred and twenty (120) consecutive days in a SNF over the most recent two-year period and who can live safely in the community.

The individual will be contacted directly by an OHS Housing Specialist for eligibility screening and enrollment.

Referral Information

Date of Referral: ___________________ Region: ___________________

Name: ☐ Mr. ☐ Mrs. ☐ Ms. (First): ___________________ (Last): ___________________

Date of Birth: ___/____/_______

Current telephone number: (            ) ________-___

Medicaid: ☐ Yes ☐ No ☐ Applied CIN # ________________________

Current Location (e.g., nursing home, homeless shelter, etc.):

Address:

____________________________________________________________________

City: ____________________ State: ______ Zip: ________________

Has participant been in a Skilled Nursing Facility for 120 consecutive days:

☐ YES ☐ NO

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Veteran Status: Have you ever served in the Military: ☐ Yes ☐ No

Do you have a Legal Guardian: ☐ Yes ☐ No

Name: _______________________

Contact Information:

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Referral Source

March 2020
□ Article 28/31 Hospital (Hospital)       □ Prevention/Intervention Service
□ Behavioral Health Treatment       □ Self/Family/Other
□ Criminal Justice                  □ Skilled Nursing Facility (Nursing
Home)                                        Home)
□ Employer/Educational/Special Service □ Social Services/DSS
□ Health Care Services             □ State Psychiatric Center
□ Health Home Care Coordination      □ State Residential
□ Homeless Shelter                  □ Other:

__________________________________________

Contact Name and Phone:

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Documentation needed to meet eligibility:

- Proof of 120 consecutive days in a skilled nursing facility (SNF)
- Currently living in a skilled nursing facility
- ePACES report showing active Medicaid
- Current Award letter/income statements to meet HUD FY Extremely Low Income
- Proof of identity and age
- Written documentation of chronic disability if under 55
- Written documentation that participant is able to live safely in the community and is homeless living in the skilled nursing facility.