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 adults who are age 55 and older, and adults with chronic disabilities (age 18 and older), who are enrolled in Medicaid, who are nursing home level of care, as determined by the Uniform Assessment System (UAS), who are homeless or unstably housed, who have spent at least one hundred and twenty (120) consecutive days in a nursing home over the most recent two-year period, and who have the ability to live safely in the community.

This form is to be completed by, or with, the participant being referred. 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): _____

Current telephone number: ( ) _____-_____

Medicaid: □ Yes □ No □ Applied CIN # _____

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

Address: _____

City: _____ State: _____ Zip: _____

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: _____

Referral Source

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

Contact Name and Phone: _____