



ATTACHMENT C

OPWDD HOUSING SUBSIDY AND TRANSITION STIPEND APPLICATION

Section 1:

Participant Name

TABS ID#

DOB

Date OPWDD Eligibility Initially Determined:

Phone

Email

Current Address

County

Current Living Situation:

Lives with parents/family

IRA/CC

Family Care

Other (specify)

Care Manager/Care Coordination Agency

Phone

Email

Housing Subsidy Provider Agency/Fiscal Intermediary

Phone

Email

Is this individual Self-Directing their supports and services with Budget Authority? Yes No

Is this individual moving from an OPWDD Certified Residential Setting or Family Care? Yes No

If yes, has this individual utilized CTS funding? Yes No

If yes, when & how much was utilized? _____

Does this individual have any past or current history of legal/forensic involvement, legal supervision, parole or probation, felony charges, sexually related charges/arrests/activities, assaults, or fire setting behavior? Yes No

Does this individual have a High-Risk Plan or Assessment? Yes No

Section 2:

ASSISTANCE REQUESTED

1. What type of assistance is being requested? (*check only one option*)

- OPWDD Housing Subsidy Only
- OPWDD Housing Subsidy Transition Stipend Only
- Both OPWDD Housing Subsidy and Transition Stipend

Note: if an individual resides in an OPWDD certified setting, they must apply for Community Transition Services (CTS) in lieu of a Housing Subsidy Transition Stipend.

2. Anticipated start date for the OPWDD Housing Subsidy: _____

3. If a Transition Stipend is requested, has the individual received a Housing Subsidy Transition Stipend or Community Transition Services (CTS) previously? Yes No

4. Has the individual applied for the federal Housing Choice Voucher Program (i.e. Section 8)?

- Yes No

If yes, what is the status of the application?

Section 3:

THE LIFE PLAN AND COMMUNITY LIVING

1. Is the **Life Plan attached with appropriate safeguards section (required)**?

- Yes No

Does the Life Plan address fire safety and evacuation needs of the individual and supports?

- Yes No

Does the Life Plan address the individual's protective oversight needs and the supports that are in place to assist with these needs? Yes No

Does the Life Plan address required medication supports?

- Yes No

Does the Life Plan address family resources and/or natural supports that will assist the individual with community living? Yes No

Does the Life Plan and/or Staff Action Plans address the habilitative supports, services, and staff actions that will assist the individual with community living and sustaining their tenancy?

- Yes No

Section 4

INITIAL APPROVAL DISPOSITION (completed by the DDRO)

Approved for: _____

- OPWDD Housing Subsidy Only Start Date:
- Housing Subsidy Transition Stipend Only
- Both the OPWDD Housing Subsidy and the Housing Subsidy Transition Stipend Start Date:

If approved, send Initial Approval Letter

If denied for the requested assistance in Section 2, reason for denial (Note: DDRO must send denial letter and offer appeals):
