

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: _____

Referral Source

- | | |
|---|---|
| <input type="checkbox"/> Article 28/31 Hospital (Hospital) | <input type="checkbox"/> Prevention/Intervention Service |
| <input type="checkbox"/> Behavioral Health Treatment | <input type="checkbox"/> Self/Family/Other |
| <input type="checkbox"/> Criminal Justice
Home) | <input type="checkbox"/> Skilled Nursing Facility (Nursing
Home) |
| <input type="checkbox"/> Employer/Educational/Special Service | <input type="checkbox"/> Social Services/DSS |
| <input type="checkbox"/> Health Care Services | <input type="checkbox"/> State Psychiatric Center |
| <input type="checkbox"/> Health Home Care Coordination | <input type="checkbox"/> State Residential |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Other: |

Contact Name and Phone:

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.