



ITASCA COUNTY HEALTH AND HUMAN SERVICES
HOUSING SUPPORT PROGRAM
PROVIDER APPLICATION

General Housing Support Program Information

Background

Housing Support is a state-funded program that provides a monthly income supplement to pay for room and board for seniors and adults with disabilities who have low income. The program aims to prevent or reduce homelessness and institutionalization. The amount of a Housing Support payment is based on a federal and state standard of what an individual would need, at a minimum, to live in the community. In some cases, Housing Support may pay a supplemental amount to the basic rate. Licensed or registered settings that can qualify for a Housing Support Agreement can include adult foster care homes, boarding and lodging, supervised living settings, non-certified boarding care homes, housing with additional services establishments and other assisted living, and long-term homeless supportive housing.

County Human Service Departments are responsible for the evaluation of all Housing Support Agreements. Providers will also work with the financial assistance department, to facilitate the payments for eligible Housing Support participants. Depending on the type of setting, providers will need to secure all needed State of Minnesota (Department of Human Services and Department of Health) licensing/registrations prior to the approval of a Housing Support Agreement. The providers will also need to secure all needed licensing, variances and inspection certifications required by the local city/township where the facility is located.

This guide is for existing Housing Support providers and providers who are interested in pursuing Housing Support funding. Within the guide you will find the steps necessary to obtain a Housing Support agreement and expectations that come along with the Housing Support agreement.

Before the funds may be used, the participant, the living situation, & provider must meet statutory eligibility requirements.

- Provider eligibility for Housing Support funding is determined by the county.
- Participant eligibility is determined by county financial assistance department and is based on income, assets and disability.

Completing an application is not a guarantee the vendor/provider will be approved for a Housing Support Agreement. No payments are issued until there is a signed agreement. Funding for eligible individuals can only begin as of the date the Housing Support Agreement is executed.

For more information visit the [Housing Support section](#) of the DHS website and the Minnesota Revisor website for [Housing Support State Statute](#).

Itasca County Housing Support Program Provider Application

Contact Information

Owner/Director Name: _____

Title: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Fax #: _____

Provider Identification Information

Provider Entity Legal Name: _____

Provider Entity Main Corporate Address: _____

City, State, Zip Code: _____

Federal Tax ID#: _____

Type of Organization (Check One)

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Governmental Unit | <input type="checkbox"/> For Profit | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | |

Program Information

Program Name: _____

Program Address: _____

Total Number of Units in the Home/Building: _____

Total Number of Proposed Housing Support Units in the Home/Building: _____

Target Opening Date for Program: _____

Section 1: Target Population and Community Need

1. Describe characteristics of the target population you plan to serve (examples: persons diagnosed with a disability and types of disabilities you plan to serve, seniors, culturally specific populations, homeless or long-term homeless, being discharged from an institution, etc.):
2. Describe the need for your proposed program, including how it will address gaps in existing services for Itasca County residents:
3. Describe how your proposed program will meet the needs described above. Include information about any evidence based practices that will be used (i.e. Person Centered, Housing First, Harm Reduction, Trauma-Informed Care):

Section 2: Type of Facility License

- Adult Foster Care License enrolled as a 245D provider –DHS

Family license number: _____

Corporate license number: _____

- Comprehensive Home Care License- MDH

License number: _____

- Food and Beverage Establishment License- MDH

License number: _____

- Housing with Services Registration- MDH

Registration number: _____

- Lodging Establishment License-MDH

License number: _____

- Housing Support – Supportive Housing

- Long Term Homeless Supportive Housing

Section 3: Housing Support Funds

Describe the funding sources that will be used to support this program (Housing Support, Waivers, Self-Pay, etc.):

If the program provider does not own the actual housing unit(s), describe the program and financial relationship the provider and the owner/landlord have. How will both parties work together to assure tenants have stable housing? Include any agreements between both parties for communication or problem-solving.

Were any county, state, or federal funds used for capital costs (purchase, renovation) of the house: Yes / No

If yes, list all source(s), amounts and date(s) awarded, use separate attachment if needed:

Describe how the program will remain financially stable during periods of time when the facility/program is not fully occupied:

Section 4: Housing Description and Requirements

What kind of living arrangement will the program offer? (check all that apply):

- Individuals will have a complete unit, including private bathroom and kitchen
- More than one individual will share a kitchen and/or bathroom
- More than one individual will share a bedroom

Will residents have a lease in their name? If yes, please attach a copy of the program lease. Yes / No

Do you provide services beyond the requirements of Housing Support? Yes / No
If yes, please describe additional services:

Section 5: Organization Overview

Describe the organizations mission and values as it relates to the services provided:

Describe the organizations experience as it relates to housing, services, and target population:

Describe the required education and experience of staff at the program:

Housing Support providers must initiate background studies for all staff and volunteers who have direct contact with recipients. Has your organization begun the background study process? Do you foresee any concerns with meeting this requirement?

Section 6: Relationship to Itasca County

Do you have a current Housing Support Agreement with Itasca Co for a different site?

Yes / No

Are you currently licensed in Itasca County as a foster care provider?

Yes / No

Do you provide contracted services with Itasca County?

Yes / No

Do you have licensed programs that do not have a Housing Support Agreement?

Yes / No

Describe the program without a Housing Support Agreement:

Do you have Housing Support Agreements in other counties? Yes / No

If yes, please list which counties and contact person:

ACKNOWLEDGEMENT

By signing below, the applicant agrees that they have reviewed and understand the expectations and requirements found in the Itasca County Housing Support Provider Guide. The applicant affirms that, to the best of its knowledge, this proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a potential forthcoming Housing Support Agreement. The applicant agrees that, should any conflict or potential conflict of interest become known, it will immediately notify the county of the conflict or potential conflict, and will advise the county whether it will or will not resign from the other engagement or representation.

(Printed Name, Title)

(Signature)

(Date)