

## **HOUSING SUPPORT PROVIDER APPLICATION Nicollet County Health and Human Services**

### **GENERAL BACKGROUND**

Housing Support funding, previously known as Group Residential Housing (GRH), is a State-funded program that provides an income supplement each month to pay for rent and food. All of those supported by the program are at risk of institutional placement or homelessness. 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. Housing Support can pay for rent, utilities, household furnishings and, in some cases, food and/or support services.

To receive a Housing Support payment, a person must meet certain eligibility requirements. These requirements include being over age 65, blind, or over age 18 and disabled according to the criteria used by the Social Security Administration or other criteria established in Housing Support statute (MN Statutes chapter 256I). In addition, there are income and asset maximums. Counties administer the Housing Support program for the state and are responsible for determining eligibility.

The Housing Support Rate is a monthly payment directly to the provider of housing and/or services on behalf of the eligible person. Housing Support settings can include adult foster care (family and corporate), board and lodging establishments, customized living settings, registered housing with services establishments, and supportive housing settings for persons who are long-term homeless.

The Housing Support Rate is a monthly payment directly to the provider of services on behalf of the eligible person who meets Housing Support eligibility requirements. Services may include help with transportation, arranging meetings and appointments, arranging medical and social services, medication reminders, and up to 24-hour supervision.

Housing Support providers must enter into a standardized agreement with the county. The agreement assures minimum quality standards for settings across the state and across setting types. The agreement can be terminated by the state, county, or provider with 60-day notice. The state can immediately terminate an agreement when the health or welfare of persons is in jeopardy.

### **APPLICATION SCREENING AND SELECTION PROCESS**

Vendors interested in obtaining a Housing Support agreement in Nicollet County are required to complete the following application. The completed application should be submitted to the Nicollet County Health and Human Services. Staff from Health and Human Services will review applications. Vendors will receive a response from Nicollet County as to the status of the application within 30 business days of submission.

Priority will be given to applicants who demonstrate experience and capacity in administering supportive housing with the target population. Priority will also be given to projects that are in alignment with county priorities and goals, and that promote links among affordable housing, transit, employment, community resources, and supportive services. Selection criteria include feasibility of the project, including funding of the proposed supportive services and a sound budget.

**OTHER SELECTION CRITERIA INCLUDE:**

- Project results in affordable housing opportunities and/or services not now provided or provided on a limited basis as compared to determined need.
- Applicant demonstrates knowledge of Housing Support, including eligibility requirements, quality standards, provider qualifications, and reporting.
- Applicant demonstrates knowledge of local community supports and resources.
- Project outlines process for identifying eligible participants (admission and screening criteria) and other entrance requirements.
- Staff and/or services associated with the housing are culturally competent.
- Project assists participants with increasing self-sufficiency and transitioning to less restrictive and more independent, affordable housing.
- The goal of supportive housing is safe and stable housing, not treatment or major life change. Programs with the best housing stability outcomes allow clients to move forward on any personal goals they may wish to address at their own pace and in their own order of priority. Progress towards personal goals, however, is not a requirement, and lack of progress is not a justification for housing termination. Opportunities for treatment and self-reliance should be available, but not required.
- Applicants should consider not just the housing model they wish to develop but also the array of housing options already available in Nicollet County.

**DIRECTIONS FOR COMPLETING APPLICATION**

The following pages contain the application for Housing Support in Nicollet County. Applicants must complete all sections of the application. **Incomplete applications will not be considered.**

**Email or mail application to:** Cassandra Sassenberg:  
Cassandra.sassenberg@co.nicollet.mn.us

Nicollet County Health and Human  
Services  
Attn: Cassandra Sassenberg  
622 South Front Street  
St. Peter, MN 56082

## HOUSING SUPPORT APPLICATION

**Incomplete applications will not be considered.**

### General Information

Applicant/Organization Name:

Contact phone and e-mail address:

Applicant/Organization business address:

Project Name:

Project Address(s):

Landlord/Property Manager:                      Owner:

1. Information about the organization/agency (or individual, if not incorporated):

2. Experience of this organization/individual with Housing Support and relevant housing, services, and target population (include description, with list of programs and locations)

3. Knowledge of this organization/individual with local community supports and resources (e.g. shelters, food shelves, employment services, utility assistance, etc.):

4. Total number of persons you are proposing to serve in Nicollet County:

### HOUSING DESCRIPTION:

5. Type of housing that will be used in the program. Check one, unless the program will have more than one housing model:

The program will be located in one building, which is under the control (lease or ownership) of the organization/individual listed above

- The program will be located in one building, which is NOT under the control (lease or ownership) of the organization/individual listed above
- The program will be located in scattered sites, which are under the control (lease or ownership) of the organization/individual listed above
- The program will be located in scattered sites, which are NOT under the control (lease or ownership) of the organization/individual listed above

6. For programs in a single building, what percentage of all tenants who live in the building will be program participants?                      %

7. What kind of living arrangement will the program offer?

- Each person will have a complete unit—including private bathroom and kitchen.
- More than one person will share a complete unit.
- More than one person (single adults only) will share a bedroom.

8. Will persons living in the housing have a lease in their name? (State regulations require that long-term homeless persons living in supportive housing settings with Housing Support funding have individual leases.)

- Yes                       No

9. Is the housing properly licensed and/or registered as a rental property within the jurisdiction it is located? Use of the property as part of the Housing Support program cannot begin until license/registration requirements are verified. List all applicable licenses/registrations for each site and attach copies if already secured:

10. How many Housing Support participants can/will your program serve?

11. If you are not the owner/manager/lesser of the actual housing unit(s), describe the relationship you have (or will have) with the building landlord/owner(s). Include any agreements you have for communication, problem-solving, etc. with the landlord(s). How will you work together to assure participants have stable housing?

**TARGET POPULATION:**

12. Which of the following will be housed (check all that apply)

Adults (18+) with no children in their care

Families with children

13. Describe characteristics of the target population you house or plan to house (examples: long-term homeless and disabled, being discharged from an institution or shelter, sober, gender specific, etc.). Use sufficient detail that we would have enough information to make a client referral to your program. Attach information if needed.

14. Describe the housing, service, and employment needs of the target population. If you currently operate similar housing, provide vacancy and waiting list data.

15. To meet Housing Support eligibility requirements for supportive housing, a person must have verification of a disabling condition from a qualified professional and be long-term homeless. How will you ensure that your target population meets these GRH eligibility requirements?

**COORDINATED ENTRY:**

16. Coordinated Entry (CE) is a centralized intake system that provides streamlined access to homeless services and housing resources for persons who are homeless or at risk of homelessness. Nicollet County requires Housing support providers to participate in CE and accept referrals for program openings from CE. Indicate whether you will agree to participate in CE and accept referrals from CE.

Yes

No

**ADMISSION/DISCHARGE CRITERIA AND PARTICIPANT REQUIREMENTS:**

17. List your criteria for admission and criteria for screening participants who may apply for your housing:

18. Are there time limits to the length of time a person can live in your housing program?

- No time limits       Time limits (How long?                    )

19. Describe how your program will assist participants in transitioning to less restrictive and more independent housing. Include how your program will help participants transition off Housing Support and become more self-sufficient.

20. Are participants required to participate in services, classes, treatment, or other activities as a condition of living in your housing program? In other words, do tenants have to move if they do not use services/activities?

- No, services/activities are voluntary and participation is not required to keep housing  
 Yes, service/activities participation is required to keep housing

21. Describe services and participation requirements in the space below.

22. List services in chart below. Indicate if services are required or voluntary, frequency, if the services are offered on-site or in the community, and who delivers the services (your agency, another agency or individual):

<b>Service</b>	<b>Required or Voluntary</b>	<b>Frequency</b>	<b>Location (on-site or community)</b>	<b>Who Delivers Service</b>

23. House Rules: Indicate if you have any house rules (e.g. sobriety) that, if violated, can lead to loss of housing (beyond those of a standard landlord-tenant lease).

- Only the rules in a standard lease       House rules for continued occupancy

List the House Rules or attach a list:

24. What is your housing program's discharge policy and process/steps for voluntary and involuntary discharges?

Voluntary (tenant decides to leave):

Involuntary (program decides tenant needs to leave):

### **STAFFING AND PROVIDER QUALIFICATIONS:**

**Background studies:** Background studies will be required for:

- Controlling and managing individuals as defined in the Human Services Licensing Act (Minnesota Statutes, chapter 245A); and
- All employees and volunteers who have direct contact (provide face-to-face care, training, supervision, counseling, consultation, or medication assistance) with recipients, or who have unsupervised access to recipients, their personal property, or their private data.

**Minimum Staffing Qualifications:** Minimum provider qualifications are required for settings whose only license is Board and Lodging, and for unlicensed settings. Except for facilities with only a Board and Lodging license, when staff are operating under a license issued by the Minnesota Department of Health or the Minnesota Department of Human Services, the minimum staff qualification requirements for the setting shall be the qualifications listed under the related licensing standards. Providers at required settings must demonstrate to the agency that all staff members who have direct contact (provide face-to-face care, training, supervision, counseling, consultation, or medication assistance) with recipients:

- Have at least **one** of the following:
  - A course of study in a health or human services-related field leading to a bachelor of arts, bachelor of science, or associate's degree; or
  - One year experience with the target population served (can include being a member of the target population served); or
  - Experience as a Minnesota Department of Human Services certified peer specialist; or
  - Meets requirements of unlicensed personnel in licensed home care settings
- Have a valid driver's license appropriate to vehicle if transporting clients
- Complete Vulnerable Adult Mandated Reporting and Housing Support Orientation

25. Describe your program's staffing and staff-to-tenant ratio in the chart below (maximum staff-to-tenant ratio is 1 to 20). Include days/hours staff are available or are

on-call, general duties, and required credentials/experience for the positions. Attach additional information if needed.

(Example: Housing Coordinator; 1 FTE; 15 participants; visit participants in their apartments, communicate with landlords, help with tenant skills, refer for job training; M-F 10:00 a.m. to 6:30 p.m.; Bachelor of Arts degree in health or human services or personal/work-related experience with homelessness and/or chemical dependency.)

Staff Job Title	Number of Full-time Equivalents	Number of tenants	General Duties	Coverage Schedule	Minimum Qualifications

26. Describe how program staff are culturally competent. Include information about training staff receive in orientation and ongoing.

**BUDGET:**

27. Attach a copy of your budget, including all direct and indirect costs for both housing and program.

Budget attached

List all revenue sources for your proposed Housing, including both services and housing operating costs, etc. INCLUDE THE TOTAL ANNUAL GRH FUNDING YOU ARE ANTICIPATING. For each revenue source, list the total amount, what that source of funding may be used for (e.g. services only or general operating) and whether the funding is already secured or pending

Source	Total Dollar Amount (for 12 months)	Uses	Conditions	Secured or Pending
<b>Capital</b>				
<b>Operating</b>				

<b>Services</b>				

28. Describe your plan for distribution of Housing Support funds (housing rate). Include a description of what the funds will pay for, e.g. rent, utilities, furniture, household supplies, etc.

29. What are the intended goals and projected outcomes for this housing program? (Attach additional sheet if needed.)

**Conflict of Interest** - The applicant affirms that, to the best of his/her knowledge, this proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a forthcoming Housing Support Agreement. The applicant agrees that, should any conflict or potential conflict of interest become known, he/she will immediately notify Nicollet County Health and Human Services of the conflict or potential conflict, and will advise the Nicollet County Human Services whether it will or will not resign from the other engagement or representation.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency** \_\_\_\_\_