



HOUSING SUPPORT VENDOR APPLICATION

NICOLLET COUNTY

Nicollet County
622 South Front Street Saint Peter MN 56082

MINNESOTA HOUSING SUPPORT PROGRAM

GENERAL VENDOR INFORMATION:

Vendor Name: _____

Mailing Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email: _____

Federal Tax ID# _____

HOUSING SUPPORT AGREEMENT CONTACT PERSON

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

TYPE OF ORGANIZATION

- Governmental Unit For Profit Non Profit
- Proprietorship Partnership

OVERVIEW OF ORGANIZATION

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

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

Describe the organizations mission and values as it relates to the services provided: Describe the organizations knowledge of local community supports and resources (list specific resources such as food shelves, shelters, employment services, etc.):

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

Background checks are required on all staff who have direct contact with recipients. Describe your organizations background check process:

Describe your programs staffing and staffing to tenant ratio. Include days and hours staff are available or are on-call, general duties, and required credentials/experience for the positions

PROPOSED FACILITY

House Name: _____

Mailing

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email: _____

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

Targeted Opening Date for the Home:

TARGET POPULATION

Select one or more of the target population(s) listed below that would be eligible to be housed at the proposed location(s).

- Homeless/At-Risk of Homelessness
- Adults with Substance Use Disorders
- Adults with Mental Illness
- Adults with Disabilities (not requiring Group/Foster Care Level of Care)
- Adults on Probation/Parole
- Adults with Past Criminal Convictions
- Registered Sex Offenders
- Gender Specific All Male All Female Other
- Culturally Specific -
- Families with One or More Individuals with a Disabling Condition
- Transition Age Youth and Young Adult Age 18-25 with a Disabling Condition
- Other (Specify)

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.):

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 eligibility requirements?

TYPE OF FACILITY LICENSE:

(Check all that apply)

Adult Foster Care License enrolled as a 245D provider -DHS
Family license number:
Corporate license number:

Food and Beverage Establishment License-MDH
License number:

Lodging Establishment License-MDH
License number:

Comprehensive Home Care License- MDH
License number:

Housing with Services Registration-MDH
Registration number:

Housing Support – Long Term Homeless Provider

HOUSING SUPPORT FUNDS:

Do you intend to use only Housing Support funding to run your program? Yes / No
If no, what other funding sources have you sustained or plan to apply for?

For each funding source you will receive, list the amount and the expense(s) it will be applied to:

Will you accept self-pay from participants? Yes / No

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

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 the program be located in one building or scattered sites?

Will residents have a lease in their name? Yes / No

If yes, please attach a copy of the programs lease.

Will residents have to sign house rules/tenancy requirements that can lead to loss of housing beyond those of a standard landlord-tenant lease? Yes / No

Attach house rules and/or tenancy requirements.

Describe your admission process (admission criteria, screening out tenants)

Attach a copy of the programs admission/screening process.

Are there time limits on the length of time a person can live in the housing program? Yes / No

If yes, what are the time limits?

Do you provide services beyond the requirements of Housing Support? Yes / No

If yes, please describe additional services, including type, frequency, location and who delivers the service:

Are there sobriety rule requirements? Yes / No

If yes, describe in detail (i.e. minimum length of sobriety prior to admission, no alcohol in building, may drink off site, eviction policies related to breaking sobriety requirements):

Describe the voluntary and involuntary discharge from the program.

Attach a copy of the programs discharge policy and a copy of resident requirements that could result in eviction.

Voluntary (resident chooses to move):

Involuntary (provider decides a resident needs to move):

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:

ACKNOWLEDGEMENT

By signing below, the organization has reviewed and understands the following requirements found in the Nicollet County Provider Guide to Housing Support:

- Completion of an application is not a guarantee the vendor will be approved for a Nicollet County Housing Support Agreement. Nicollet County reserves the right to gather additional information not asked on the application. Incomplete applications will not be considered.
- Housing Support Agreements may be terminated with or without cause by Nicollet County or the provider with two calendar months prior notice. Minnesota Department of Human Services has the right to suspend or terminate the Housing Support agreement immediately when it is determined the health or welfare of the housing or Housing Support participant is endangered, or when there is reasonable cause to believe that the provider has breached a material term of the agreement.
- The “Group Residential Housing Rate” or the “Housing Rate” will be used for shelter, fuel, food, utilities, household supplies, maintenance of the building and other costs necessary to provide room and board.
- A portion of the “Housing Rate” must provide three nutritional meals a day on site. The provider must inform participants they are eligible for Food Support upon discharge from the Housing Support site.
- The provider must notify Nicollet County when a participant moves to a new address.
- The provider must maintain all necessary licenses through the appropriate licensing authority. The provider will submit a list of residency requirements that could result in eviction. Review Minnesota Landlord/Tenant Rights.
- Background checks are required for 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.
- All staff members, who have direct contact with participants, have skills and knowledge acquired through one or more 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.
- Provider and staff are required to complete two online DHS trainings: Vulnerable Adult Mandated Reporting and Housing Support Orientation.
- Staff are required to have valid driver’s license if transporting clients.

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)