COMMUNITY INVOLVEMENT PROGRAMS
Helping people live their greatest lives

CIP Supportive Housing
1600 Broadway St NE
Minneapolis, MN 55413
612-362-4417
Fax: 612-547-0556

Thank you for your interest in CIP Shared Housing!

Tenant Selection Plan

The purpose of this Plan is to outline how referrals are made, what policies and procedures are employed in determining eligibility, acceptance, and the policies and procedures for the Waiting Lists. The CIP Shared Housing program includes supportive shared housing single-room occupancy's (SRO's).

A completed application including a recent Statement of Mental Illness from a mental health professional or physician and all other required information and documentation must be submitted before an applicant will be considered. To obtain permanent supportive housing with Community Involvement Programs, the individual must have a severe mental health diagnosis that impairs their ability to live independently without support services.

Please complete the entire Application before returning it to CIP. Incomplete applications will not be considered for our Waiting Lists. If the application is incomplete, you will be given 30 days to complete the Application or it will be rejected without additional notice. Applicants accepted to the Waiting Lists will be placed according to the date and time the Application is received by CIP. Priority is given to individuals who are homeless. A letter of acceptance (or e-mail) for placement on the Waiting List will be sent to the referring agency or, in the case of a self-referral, the applicant. **Acceptance to the Waiting List does not guarantee placement in our Housing.**

When there is an opening, applicants will be contacted based on their Waiting List placement. The referral agency and/or the applicant will be contacted to schedule an interview. The applicant is responsible for notifying CIP if any contact information changes (i.e. address, phone number, etc.). The applicant should also notify CIP if they have found alternative housing and are no longer interested in CIP Housing. **Applicants who cannot be located will be removed from the Waiting List without further notice from CIP.**

The interview with an applicant is part of the screening process for CIP Shared Housing. It is not a guarantee of placement in our Housing. If it is determined that the applicant meets the criteria for CIP Shared Housing, a tour of the unit will be scheduled. The applicant will get to meet the current residents during this tour. Only after the tour will an applicant be advised whether they have been accepted for placement in CIP Shared Housing. **Acceptance is contingent upon the results of a required background check and verification of program eligibility.**

CIP reserves the right to reject an applicant based on the information received during a background check. Some reasons for rejection may include, but are not limited to:

- Sexual Offenses – HUD states that applicants subject to a lifetime state sex offender registration requirement cannot be admitted to federal housing programs.
- Homicide Convictions
- Felony Assault Charges
- Drug Charges

CIP prefers a demonstrated independent commitment to sobriety and participation in an aftercare program if an applicant has a history of drug and/ or alcohol abuse prior to applying to the program. There is no smoking allowed in any CIP homes.

Please include the following with your application:

- ☐ Copy of Birth Certificate for all applicants
- ☐ Copy of Social Security card for all applicants
- ☐ Copy of Driver's License or State ID for all applicants

Rent and Lease Signing

Once the applicant has been accepted for placement in CIP Shared Housing and would like to move into the unit toured, the Housing Specialist should be contacted to set up a meeting to determine the rent amount and sign the lease.

Listed below are the current rent options provided in CIP Shared Housing. Depending on the applicant's income and unit placement, the rent amount may be different. Please read through the options and check the one that would best fit the applicant's financial situation.

- ☐ GRH – if you meet the criteria for Long Term Homeless and your income is less than $988, this would be the best option for you. You get $97/month for personal needs and $189 in SNAP benefits. The rest comes to CIP for rent, utilities, and other expenses.
- ☐ Market Rate – if your income is greater than $988, you would not be eligible for GRH. If placed in our Shared Housing, you would pay $457 for rent (utilities included). Placement depends on the vacancies we have at the time you reach the top of the waitlist.
- ☐ MSA Housing Assistance – If your income is less than $1,143, you may be eligible for MSA Housing Assistance. You must have applied for or be on the waiting list for rental assistance; as well as, be receiving waivered services or be eligible for PCA services. If you are found to be eligible for MSA Housing Assistance, you will receive $189 cash benefits from the county each month to help you pay your rent.
- ☐ Subsidized – If you don't like any of the options above, we can put you on the waitlist for our units where you would pay 30% of your income for rent. Keep in mind, we have limited available units and the waitlist for this placement will be longer.

Services Provided

In addition to housing, CIP offers in-home support services and home health care. As a prospective tenant you are eligible to apply for these services. In order to best assess and plan for your support we need the most current information available covering your:

- ☐ Social History
- ☐ Psychiatric History
  - ○ Examples would include: Recent psychiatric in-patient records, and/or Diagnostic Assessment or psychiatrist's notes.
- ☐ Current Psychiatric Evaluation and a Diagnostic with a doctor's signature
- ☐ Progress notes from current and recent other treatment providers
- ☐ Discharge Summaries from residential facilities and/or other recent hospitalizations
- ☐ Medical History and/or physical examination

A signed and dated Release of Information needs to accompany your submission of these materials.

Material can be mailed with your housing application or sent under separate cover. Support Service referral information is confidential and is not officially part of your application for housing with CIP Shared Housing.

CIP does not discriminate against applicants because of race, color, creed, religion, national origin, gender identity, marital status, disability, public assistance, sexual orientation, or familial status.

We do not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

For Office Use Only

Date: _____ Time: _____ Initials: _____

Unit Assigned: _____

Shared Housing Application

Applicant Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

HH #	Member's Full Name	Relationship	Date of Birth	Gender	Are you, or have you been a student in the last year?	Social Security Number
1		HEAD			☐ Yes ☐ No	

OPTIONAL:

Race and Ethnicity (check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Hispanic
- ☐ Other _____

Education (Check the highest degree obtained)

- ☐ Less than H.S. Diploma/ G.E.D.
- ☐ H.S. Diploma/ G.E.D.
- ☐ Some College
- ☐ Vocational Training, Trade: _____
- ☐ College Degree
- ☐ Master's Degree
- ☐ Unknown

UNIT PREFERENCE: All units in Shared Housing are SRO's (single room occupancy)

Please indicate the desire for special features below.

Unit Size	Special Features
SRO – 1 adult per bedroom in a 2-4 bedroom house. You will share common areas with roommates.	☐ Mobility Accessible Unit ☐ Communication Accessible Unit (Hearing) ☐ Communication Accessible Unit (Visual) ☐ 1st Floor Unit ☐ Unit within _____ feet of an exit/elevator ☐ Special Features: Provide Items Below: _____ _____ _____

SELECTION PRIORITY: CIP places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the following preferences:

☐ Homeless
☐ Displaced by a presidentially declared disaster
☐ Displaced by a federally or locally declared disaster

Do you qualify for housing because of a handicap or disability?
☐ Yes ☐ No If yes, please explain: _____

Do you expect your household composition (# of people) to change in the future?
☐ Yes ☐ No If yes, please explain: _____

Does/will the applicant receive rent assistance?
☐ Yes ☐ No If yes, please indicate from what source: _____

LANDLORD STATEMENT:

This form should be completed by the owner, manager or caretaker at your current living site. Your current living situation can be used, and if you are living in a treatment program or facility, you can get a reference from them.

General Information:

_____ _____ _____

Tenant Name Date Moved In Type of Dwelling

_____

Tenant Address Apt # City State Zip Code

Rental Information:

Rent amount per month: $ _____

Is Current Rent Paid? ☐Yes ☐ No If no, how much is owed? $_____

Other Expenses:

$_____ Phone $_____ Electric $_____ Water $_____ Heat $_____Other $_____ Damage Deposit

Condition of Tenancy

Did tenant pay rent on time? _____ Yes _____ No

Did tenant maintain dwelling in good condition? _____ Yes _____ No

Would you rent to this tenant again? _____ Yes _____ No

Owner Data:

_____ _____

Name of Owner/Caretaker Phone Number

_____

Street Address Apt # City State Zip Code

I certify that the above information is complete, true and correct.

_____ _____

Signature of Owner/Caretaker Date

HOUSEHOLD INCOME, ASSET and EXPENSE INFORMATION

For each household member, list current and anticipated income, assets and expenses for the next twelve-months.

WHAT INCOME DO YOU EXPECT TO RECEIVE AND HOW MUCH:

- ☐ Wages, salaries, (including self-employment)? _$_____
- ☐ Does any member work for someone who pays them cash? _$_____
- ☐ Regular pay for a member of the armed forces? _$_____
- ☐ General Assistance benefits? What types? _____ _$_____
- ☐ Worker's compensation? _$_____
- ☐ Unemployment benefits, or severance pay? _$_____
- ☐ Child support _$_____
- ☐ Alimony or spousal maintenance? _$_____
- ☐ Social Security? What type? _____ _$_____
- ☐ Long or Short Term Disability? _$_____
- ☐ Pensions (PERA, railroad, pension from military, etc.)? _$_____
- ☐ Retirement benefits? _$_____
- ☐ Death benefits? _$_____
- ☐ Annuities or life insurance dividends? _$_____
- ☐ Student financial assistance (public or private, not including student loans) _$_____
- ☐ Net income from rental property _$_____
- ☐ Regular cash and non-cash contributions, assistance with paying bills _$_____
- ☐ Or gifts from individuals not living in the unit (not including groceries) _$_____
- ☐ Zero income? Absolutely no income at this time.
- ☐ Other (list)? _____

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:

- ☐ Child care which enables you or another household member to work, go to school or seek employment?
- ☐ Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment, or go to school?
- ☐ Do you pay for Medicare premiums? What type?
- ☐ Do you pay for other medical insurance premiums? What type?
- ☐ Outstanding medical bills on which you are currently paying?
- ☐ Did you pay for assistive devices for a handicapped or disabled household member?
- ☐ Do you receive medical assistance? What type?

  _____
- ☐ Do you pay for Prescriptions?
- ☐ Do you have Over the Counter Medications as prescribed by your Doctor that you keep receipts for?

DO YOU HAVE MONEY HELD IN:

- ☐ Checking Accounts
- ☐ Savings (Direct/Express Debit) Accounts
- ☐ Cash on Hand
- ☐ Capital Investments
- ☐ Bonds
- ☐ Trusts
- ☐ Stocks
- ☐ Insurance Settlements
- ☐ 401 K
- ☐ Whole Life Insurance
- ☐ IRA/KEOGH Accounts
- ☐ Certificates of Deposit
- ☐ Retirement/annuities accounts
- ☐ Money Market Funds
- ☐ Mutual Funds

I certify that the above information is complete, true and correct.

_____ _____

Signature of Applicant Date

The following questions pertain to the applicant. Indicate either YES or NO in response to each question. Explain any YES answers below.

How did you hear of this housing development?

_____

Are you subject to a lifetime registration under the State sex offender registration program?

☐ YES ☐ NO

If yes, please explain:

_____

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason?

☐ YES ☐ NO

If yes, please explain:

_____

Have you ever been convicted of a crime?

☐ YES ☐ NO

If yes, please explain:

_____

Have you ever used different names from the names given in this application?

☐ YES ☐ NO

If yes, please explain:

_____

Have you ever used social security numbers different from those listed in this application?

☐ YES ☐ NO

If yes, please explain:

_____

Have you ever lived in any other state?

☐ YES ☐ NO

If yes, which states?

_____

CRIMINAL RECORD SEARCH CONSENT FORM

I hereby give my permission to Community Involvement Programs (CIP) to obtain information relating to my entire criminal history record and to obtain any or all of the following: credit report, verification of employment and income, rental history references, unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. A criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile.

I understand that this information will be used as part of the screening process for CIP Supportive/Shared Housing.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify CIP, and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes and actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of CIP) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application for CIP Supportive/Shared Housing. I acknowledge that a photographic copy or telephone facsimile copy of this authorization shall be valid as the original.

Personal Information:

_____

First name MI Last Name

_____

Current Address City State Zip Code

_____

Previous Address City State Zip Code

_____/_____/_____ _____ _____/_____/_____ _____

Date of Birth Sex Social Security Number Driver's License or State ID Number

(_____)_____ (_____)_____ _____

Home Phone Alternate Phone Number E-Mail Address

_____

Applicant Signature Date

OUT-OF-STATE ADDRESS HISTORY

If you have resided in any states other than the one(s) provided in the address history above within the past 15 years please complete the additional information below.

_____ _____ _____ _____

City / County State City / County State

Eligibility Verification of Long-Term Homelessness (LTH)

Instructions:

This form is required to verify LTH eligibility. Complete one to three years of housing history below, starting with the most recent. **Attach all third party homeless verification forms to this form.**

Print Applicant Name: _____

Type of Living Situation*	Address City, State Name of facility (if app)	Start/End dates (approximate)	Reason for Leaving	Verified? (attach docs)	Episode counts toward LTH?
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

*Type of Living Situation: Choose from emergency shelter, transitional housing, psychiatric facility, substance abuse treatment, hospital, jail/prison, staying with friends/family, rental housing, other (please specify).

Applicant Verification: I verify the information provided on this form is accurate and true.

_____ _____

Signature Date

For program eligibility purposes, the definition of long-term homelessness is:

Households experiencing long-term homelessness: Means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization, incarceration, or transitional housing shall be excluded when determining the length of time a household has been homeless.

Verification Form A: Statement of Mental Illness

A clinician who is licensed to diagnose and treat the identified disability/disabilities must complete this verification form. Return this form with your application.

Name of Applicant: _____ DOB: _____

A. Please indicate whether or not the following conditions apply to the applicant:

Yes	No	
☐	☐	1. A diagnosed serious mental illness, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions.
☐	☐	2. A permanent physical functioning limitation which impacts the applicant's ability to live independently.
☐	☐	3. A sensory impairment which impacts the applicant's ability to live independently

B. How many days was the applicant hospitalized for psychiatric reasons the last calendar year? _____

C. Please describe the applicant's disability or illness: (Include Diagnosis and ICD-9 Code)

_____
_____
_____

D. List medications, therapies and/or other treatment this applicant is receiving:

_____
_____
_____

E. Please describe the kind of supportive services you feel would enable this applicant to live independently in the community:

_____
_____
_____

F. Date that you last examined this applicant: _____

I certify that I have the medical information to document the above statements and will provide such documentation to Community Involvement Programs at the request of the applicant.

_____ _____
Name of Professional Signature of Professional

_____ _____
Profession MN License #

_____ _____
Office Address Date

Clinical Assessment:

Clinical Disorders should be identified in the Statement of Mental Illness attached to this Application. A recent (6 months) Diagnostic Assessment by a Mental Health Professional may be substituted for the Statement of Mental Illness. All other Mental Health, Cognitive and Medical information should be identified below:

Personality Disorders: ☐ **None**

Diagnosis: _____ DSM Code: _____

Diagnosis: _____ DSM Code: _____

Cognitive Disorders/Impairments: ☐ **None**

Diagnosis: _____ DSM Code: _____

Diagnosis: _____ DSM Code: _____

General Medical Disorders, including Communicable Diseases: ☐ **None**

_____ _____ _____

_____ _____ _____

Brain Injury?: ☐ Yes ☐ No

If Yes, describe: _____

_____

If any medical disorders are listed above, do any of them limit activities of daily living? ☐ Yes ☐ No

If Yes, describe: _____

_____

Medical & Environmental Allergies?: ☐ Yes ☐ No

If Yes, describe: _____

_____

Current Medication:

Psychotropic Medications: (List Names)	Non-Psychotropic Medications: (List Names)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If this Applicant is placed in CIP Housing, what level of support, if any (new or in place), is required to maintain medication compliance? ☐ None, ☐ Independent ☐ Refuses/Noncompliant

☐ Not Applicable/No Medications Prescribed ☐ Medication setup (*if checked a referral to Home Health will be made*)

Applicant's Providers:

List Applicant's current treatment providers, including: medical, psychiatric, case manager, day treatment, and substance abuse programs.

Agency/Program Name	Name of Provider/Contact	Phone#	E-mail Address

Psychiatrist: _____

Therapist: _____

Case Manager: _____

Other Provider: _____

Other Provider: _____

Hospitalizations: Any hospitalizations should be detailed in Psychiatric and Psychosocial Summaries.

If ever in a psychiatric hospital, age of first hospitalization: _____

Estimated number of psychiatric hospitalizations in past 3 years: _____ Most recent discharge: _____/_____/_____

Is Applicant currently hospitalized? ☐ No ☐ Yes

If yes, date of admission: _____/_____/_____ ☐ Psychiatric ☐ Medical ☐ Detox

Name of hospital: _____

Symptom and Behaviors:

Check all that apply. For all checked Current or History, please provide an explanation in the column provided and attach any applicable documentation. Failure to provide accurate information will be considered grounds for rejection.

	CURRENT (Within past 3 months)	HISTORY (If checked, must include Date)	NEVER	UNKNOWN	Explanation:
Homicidal Ideation/Attempts	☐	☐	☐	☐	
Suicidal Ideation/Attempts	☐	☐	☐	☐	
Violent Behavior	☐	☐	☐	☐	
Disruptive Behavior	☐	☐	☐	☐	
Criminal Activity/Arrests	☐	☐	☐	☐	
Arson/Fire Setting	☐	☐	☐	☐	
Hallucinations	☐	☐	☐	☐	
Delusions	☐	☐	☐	☐	
Clinical Depression	☐	☐	☐	☐	
Self-Injurious Behavior	☐	☐	☐	☐	

Substance Abuse:

If the Applicant is currently or has a history of substance abuse, detailed information must be provided. Applicants with a substance abuse history should demonstrate an independent commitment to sobriety.

Is Applicant abusing substances? ☐ Yes ☐ No If yes, specify substance(s): (Check all that apply)

☐ Alcohol ☐ Cocaine ☐ Hallucinogens ☐ Marijuana/Cannabis/THC ☐ Sedatives/Hypnotics

☐ Amphetamines ☐ Crack ☐ Opiates ☐ PCP ☐ Other, specify: _____

Substance Abuse Pattern: (check one)

☐ Less than weekly ☐ Once a week ☐ Daily ☐ Unknown

Has Applicant abused substances in past? ☐ Yes ☐ No If yes, specify substance(s): (Check all that apply)

☐ Alcohol Cocaine Hallucinogens Marijuana/Cannabis/THC ☐ Sedatives/Hypnotics

☐ Amphetamines Crack Opiates PCP ☐ Other, specify: _____

Substance Abuse Pattern: (check one)

☐ Less than weekly ☐ Once a week ☐ Daily ☐ Unknown

Is Applicant now in an Abuse Treatment Program? ☐ Yes ☐ No ☐ Unknown

Has Applicant had a history of substance abuse treatment? ☐ Yes ☐ No ☐ Unknown

If Applicant is substance-free, indicate period of sobriety:

Alcohol: ☐ Less than 3 months ☐ 3 to 6 months ☐ 6 to 12 months ☐ 1 year or more

Date Applicant last used alcohol: _____ ☐ Unknown

Drugs: ☐ Less than 3 months ☐ 3 to 6 months ☐ 6 to 12 months ☐ 1 year or more

Date Applicant last used drugs: _____ ☐ Unknown

Recommendations of Referring Agency:

Services Applicant has in place (check all that apply. Provide an explanation of all items checked)

- ☐ Ongoing Psychiatric Treatment
- ☐ Substance Abuse Treatment
- ☐ Self- help Group (e.g. 12 step)
- ☐ Medication Management
- ☐ Representative Payee
- ☐ Education, training, job readiness and deployment
- ☐ ILS
- ☐ ARMHS
- ☐ PCA
- ☐ Other
- ☐ Day Treatment/ Psychiatric Rehabilitation
- ☐ Psychosocial/ Clubhouse Program
- ☐ Ongoing Medical Treatment
- ☐ Special Medical Equipment/ Supplies
- ☐ Psychiatric/ Home Health Services
- ☐ Therapeutic Diet
- ☐ Wheelchair/ Handicap Access
- ☐ Housekeeping Assistance/ Homemaker
- ☐ Meals Provided to Applicant

Services Recommended: ☐ Skilled Nursing ☐ ARMHS ☐ PCA ☐ ILS

Applicant's Housing Preferences:

1. Do you object to the sharing of common areas with roommates? ☐ Yes ☐ No ☐ No Preference

2. Do you object to sharing a bathroom with other people? ☐ Yes ☐ No ☐ No Preference

3. Are you able to prepare your own food? ☐ Yes ☐ No ☐ No Preference

4. Are you able to do your own house cleaning? (Bedroom and common space) ☐ Yes ☐ No ☐ No Preference

5. Are you able to assist with maintaining outdoor space? (mowing, shoveling) ☐ Yes ☐ No ☐ No Preference

6. Are you willing to live in housing that requires you to receive support services? ☐ Yes ☐ No ☐ No Preference

7. Do you have any objections to living in housing that requires you to meet with staff and housemates on a regular basis? ☐ Yes ☐ No ☐ No Preference

8. If recommended, are you willing to receive Home Health services for medication management? ☐ Yes ☐ No ☐ No Preference

9. Do you need assistance with: ☐ ADL's ☐ Transportation ☐ Keeping Room Clean ☐ Laundry

10. Do you object to living in housing that restricts adult overnight visitors to 3 overnights in a 30 day period? ☐ Yes ☐ No ☐ No Preference

11. Do you object to living in housing that does not allow minor children to stay overnight? ☐ Yes ☐ No ☐ No Preference

12. Are you interested in exploring educations/ vocational opportunities? ☐ Yes ☐ No ☐ No Preference

13. Are you interested in participating in social and recreational activities? ☐ Yes ☐ No ☐ No Preference

14. Overall, what level of support do you want for CIP staff? ☐ High ☐ Medium ☐ Low ☐ None

15. Other housing requirements/ interests/ concerns? (Specify): _____

_____

Referring Agency Information:

Name of Referring Agency: _____

Address: _____City: _____State: _____Zip: _____

Referring Worker's Name (*Print*) _____Title: (*Print*) _____

Phone: _____E-Mail: _____

Fax: _____

Applicant Acknowledgement:

I verify that to the best of my knowledge the information provided in the application is accurate and complete. My signature verifies that the applicant requires housing as part of their mental health recovery plan.

Signature: _____ Date: _____