



**Georgia Housing Voucher Program
(GHVP)**



GHVP Eligibility and Referral Submission Checklist:

GHVP Qualifying Criteria:	
	Serious and Persistent Mental Illness (SPMI) Diagnosis -Disability Verification
<p>Documentation supports that this individual has a Serious and Persistent Mental Illness (SPMI).</p> <p>The diagnosis listed on the GHVP-24 form is signed by a licensed clinician, the ICD code is included, and meets DBHDD’s definition of a Serious and Persistent Mental Illness (defined in policy #01-121). SPMI requirements are also outlined on the verification form.</p>	
	Currently Experiencing Homelessness
<p>Documentation supports that Individual is currently homeless or living in a DBHDD-funded residential program or HUD-funded temporary housing and without GHVP, will become homeless.</p> <p><i>Caution:</i> If the individual is currently living with friends or family and this arrangement is not court ordered, they are not considered homeless and cannot be approved for the voucher.</p>	
	If the individual is being referred from a DBHDD residential, temporary, or transitional program, or temporary HUD-funded housing, does the submitted referral clearly document how the individual met criteria prior to their admission into that program?
Qualifying Criteria Populations:	
<p>Documentation supports how the individual meets at least one of the qualifying criteria listed below.</p> <p>In addition to having a diagnosed SPMI and currently experiencing homelessness, at least one of the following criteria must be clearly documented to be approved for the GHVP.</p>	
	Current DBHDD State hospital admission
Documentation shows that the Individual is currently being served on an inpatient unit at a DBHDD funded hospital (location and dates of admission are listed within referral).	
	Frequent Hospital Admissions
Documentation includes admission data for at least 3 psychiatric ER, inpatient, or crisis bed admissions within the last 12 months (including location and dates of admission). Please list admissions within referral in the additional Information tab, #9. If a hospital is not included in the dropdown list, you may use the comments box at end to record information.	
	Chronic Homelessness:
<p>The attached Certification of Homelessness History includes a clear timeline demonstrating how the individual meets the HUD definition of “chronically homeless.”</p> <p>* To qualify, days of homelessness should reflect at least 365 days, this can be over a 12-month continuous period or 4 episodes over 36 months.</p>	
	Pending or Recent Jail Release:
Documentation provided supports that the individual is about to be released or has been released within 90 days. Location and dates of incarceration should be listed within the referral.	

Uploaded Documents and Supplemental Information Requirements:	
	Individualized Treatment/Recovery Plan
Includes the following:	
<input type="checkbox"/> An independent living goal detailing what the individual needs to be considered stable for transition into independent living.	
<input type="checkbox"/> Relevant information regarding plans to obtain resources and supports needed to maintain independent housing.	
	Most recent Behavioral Health Assessment (BHA)
Referrals from the following sources are exempted from this requirement: DBHDD Hospitals, BHCCs/CSUs, state or local correctional facilities, PATH providers.	
	Most recent Adult Needs and Strength Assessment (ANSA)
Referrals from the following sources are exempted from this requirement: DBHDD Hospitals, BHCCs/CSUs, state or local correctional facilities, PATH providers.	
	Chronic Homelessness Verification (if applicable)
	Includes total number of days for each episode of homelessness and current living situation. Estimate times and locations to the best of your ability.
	Individual has signed the form (CM's signature is not required).
	Household Members and Dependents
Documentation is included for any spouse and/or dependents who will live in the home.	
<ul style="list-style-type: none"> • If married, provide a copy of marriage certificate and if minor children, provide documentation such as birth certificate to indicate relationship between the adult and child. • Children above 18 years old must have documented proof of full-time student status. • Please use the current legal name for all household members. 	
	Current Place of Residence and Contact Information
Referral includes usable contact and location information for the individual or household so that the Housing Support provider can locate and contact the individual to begin providing support with housing <i>and</i> coordinating with the primary provider. Include phone and email of the individual when available, or at a minimum the contact information for someone that can help locate.	
	Referral includes insurance information for the individual, if applicable/available.
	All forms and documents included with the referral are current, up to date, signed, and completed in entirety.

Communication Reminders:

- Check Zendesk frequently to ensure that you're not missing important communication regarding active referrals.
- Referrals have a 4 day window for processing beginning from the date of review.
- If an extension is needed, this must be requested by the CM prior to the deadline provided.