

Rent Subsidy Form

Documentation to Support How Service Guidelines are Met

The information contained on this form should support the required service definition criteria:

Family Living (low, moderate)

“Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.”
(Essentially the amount paid to the provider must be accounted for below in direct member related costs)

Supervised Living (low, moderate, I-VI Residents)

A service should be considered as Supervised Living when some (or all) of the rent or other household expenses are paid for as part of this service rate. [Supervision of individuals living independently should be reported as the specific type of service provided (i.e. Personal Assistance, Outpatient Treatment as defined, etc.)]

Member Information	
Member Name and CI#	
Member’s monthly income (please include income from all sources, disability, special assistance, work, etc.)	
Brief explanation why member needs rental subsidy	
Residential Setting Information	
Type of Setting Individual Lives In (group home, own apartment, AFL, family home, etc.) and address of home	
If group home, etc. Is this facility licensed and type of license	
If non-licensed, who owns the home/apartment?	
Who else lives in the setting? (describe roles- # of other consumers, family member, provider staff, etc.)	
If this is a rental is the lease in the member’s name?	
Member’s monthly rent (if multiple individuals live in the site this should be only the portion attributed to the member)	
Is the Rent subsidized by any other source (HUD, Landlord, County, etc.) if yes please indicate the amount of subsidy received	
Amount that member, guardian, or family pays towards rent	
Other monthly costs related to the placement for the individual (utilities, etc.)	
Total dollar amount of additional expenses that the member is responsible for.	

Provider Payment Information

Amount Paid by Provider directly towards individual's rent	
Amount Paid by Provider directly towards individual's utility costs	
Any additional amounts paid by provider related directly towards the placement (Ex. subsidy towards family)	
Dollar amount of any additional fees imposed on the member by the provider (please specify fee source)	

Provider Signature

Provider Name

Date