

# State of Alaska/Department of Health Moving Home Voucher Program Application

---

## Directions:

- This application (pages 1-3) must be completed and signed by both the Sponsoring Agency and the client.
- The Sponsoring Agency must include with this application the AHFC application forms.
- Please refer to *Moving Home Voucher Program Eligibility* (pages 4-6) of this application for more detailed information regarding eligibility and program requirements.

## Please send completed application (including AHFC forms) to:

Attn: Maria "Jae" Bautista and Crystal Smith

3601 C Street, Suite 934

Anchorage, Alaska 99503

Fax: (907) 269-3623

Phone: Maria "Jae" Bautista (907) 223-5202 or Crystal (907) 269-8867

## By submission of the Moving Home Application, the Sponsoring Agency agrees to:

- Provide supportive housing services which will include pre-tenancy supports (e.g., housing search, assistance with rental applications, facilitation of housing unit inspections), move-in supports (e.g., assistance with move-in, assistance with purchasing/acquiring needed household items), and on-going housing stability services (e.g., tenant rights education, assistance with proactively addressing tenancy issues, skills training, community integration)
- Provide outreach and active engagement if the client declines supportive housing services
- Develop a client-centered support service plan (treatment plan)
- Provide a check-in at the client's home, at minimum once per month to ensure long-term tenancy

*By signing the Moving Home Voucher Program application, the Sponsoring Agency acknowledges this application is complete, accurate, and includes all required documentation.*

Sponsoring Agency: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of Alaska/Department of Health  
Moving Home Voucher Program Application

---

*Sponsoring Agency Application and Eligibility Certification Form*

**Sponsoring Agency Information**

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Lead Staff: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Client Program Eligibility**

1. Does the client meet the HUD definition of a disabled person or family, or is the client an Alaska Mental Health Trust Authority beneficiary?  
Mental Illness   Developmental Disability   Physical Disability  
Traumatic Brain Injury   Chronic Alcoholism and/or other Substance related Disorders  
Alzheimer's Disease or related Dementia
  
2. Does the client demonstrate qualification as low-income, defined as less than 50 percent of Area Median Income?  
Yes                      No
  
3. Is the client eligible to receive services from a Division of Behavioral Health (DBH) funded Community Behavioral Health Services Provider or Senior and Disabilities Services (SDS) funded provider?  
Eligible for DBH Services   Eligible for SDS Services
  
4. What is the client's homeless status?  
Chronic Homelessness   Literally Homeless   Imminent Risk of Homelessness  
Precariously Housed   Transitional or Short-term Housing

*Client Application Form*

**Applicant Information**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

# State of Alaska/Department of Health Moving Home Voucher Program Application

---

## Housing and Service Needs

*Applicants must be working with a Sponsoring Agency to be eligible for the Moving Home Voucher Program. Applicants should be actively involved in the development of their plan for services.*

1. Are you working with a community agency to support you in your housing?

Yes  No

If yes, list the agency:

---

2. Do you or any members of your household require special supports?  Yes

No

If yes, please list:

---

---

---

3. Are you formally enrolled in services with the Sponsoring Agency?  Yes

No

If yes, date you entered services:

---

Describe the types of services or supports you would like from your Sponsoring Agency to assist you in maintaining your housing and independent community living:

---

---

---

---

***By signing the Moving Home Voucher Program application, I indicate that all information provided in this application is accurate and complete to the best of my knowledge and belief.***

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# State of Alaska/Department of Health Moving Home Voucher Program Application

---

## *Moving Home Voucher Program Eligibility*

Applicants must meet minimum eligibility requirements to be considered for the Moving Home Voucher Program. In addition, applicants must successfully pass AHFC screening criteria.

### **Minimum Program Eligibility Requirements**

To be eligible for this program, a person must meet the following criteria:

- a) Meet the U.S. Department of Housing and Urban Development's definition of a disabled family (24 CFR 5.403) or be an Alaska Mental Health Trust Authority beneficiary;  
AND
- b) Demonstrate qualification as low-income, defined as less than 50 percent of Area Median Income; AND
- c) Be eligible for community-based, long-term services as provided through Medicaid waivers, Medicaid state plan options, state funded services, or other appropriate services related to the target population [i.e., Division of Behavioral Health (DBH) funded Community Behavioral Health Services Provider, or Senior and Disabilities Services (SDS) funded provider]; AND
- d) Be currently homeless, be at risk of homelessness, be precariously housed, or lack the resources necessary to obtain or retain permanent housing.

### **Program Definitions for Eligibility**

**A person with disabilities**, means a person who (24 CFR 5.403):

1. has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or
2. is determined by HUD regulations to have a physical, mental, or emotional impairment that:
  - a. is expected to be of long, continued, and indefinite duration.
  - b. substantially impedes his or her ability to live independently; and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions, or
3. has a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)).

**Alaska Mental Health Trust Authority beneficiary** as alternate eligibility criteria to the above includes Alaskans experiencing the following:

- Mental illness [AS 47.30.056(d)]
- Developmental disabilities [AS 47.30.056(e)]

# State of Alaska/Department of Health

## Moving Home Voucher Program Application

---

- Chronic alcoholism and other substance related disorders [AS 47.30.056(f)];
- Alzheimer's disease and related dementia [AS 47.30.056(g)];
- Traumatic brain injuries

**Low income** has been defined as households with incomes 50% or below of the median income for local area in Alaska. Income verification is required for participation in this program and is verified by AHFC.

Individuals deemed **eligible for DHSS-funded services** consists of any individual who is currently eligible to receive Senior and Disabilities Services (SDS) or Division of Behavioral Health (DBH) funded services. This service array is provided through individual grants to service providers or Medicaid-funded services.

**Chronic Homelessness:** a person who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

**Literally Homeless:** a person who at the time of program entry is sleeping in a place not meant for human habitation (e.g., living on the streets, car, camp), is living in an emergency shelter, or is in a hospital or other institution, if the person was homeless immediately prior to entry into the hospital or institution.

**Imminent Risk of Homelessness:** a person who is currently housed and does not meet the definition of someone who is literally homeless, and is at imminent risk of losing their housing, has no subsequent housing options identified, and lacks the resources or support networks needed to retain current housing or obtain temporary or permanent housing.

**Precariously Housed:** a person who is currently housed and does not meet the definition of someone who is literally homeless or at imminent risk of homelessness and is experiencing housing instability and lacks the resources or supports necessary to obtain or retain permanent housing.

**Transitional or short-term housing:** a person who is currently housed in transitional or short-term housing and who lacks the resources or supports necessary to obtain or retain permanent housing.

### Support Services

Consumers may only access the Moving Home Voucher Program by having a Sponsoring Agency that agrees to provide services for the purpose of enhancing the consumer/tenant's ability to maintain independent living. Service providers agree to sponsor the individual and provide tenancy support services and minimum monthly check-ins to ensure long-term housing stability.

## State of Alaska/Department of Health Moving Home Voucher Program Application

---

The program was intentionally designed to provide both affordable housing and encourage collaboration for a range of supportive services via the DHSS-funded provider network. By submission of the Moving Home Application, **the Sponsoring Agency agrees to:**

- Provide supportive housing services which will include pre-tenancy supports (e.g., housing search, assistance with rental applications, facilitation of housing unit inspections), move-in supports (e.g., assistance with move-in, assistance with purchasing/acquiring needed household items), and on-going housing stability services (e.g., tenant rights education, assistance with proactively addressing tenancy issues, skills training, community integration)
- Provide ongoing access to a continuum of services relevant to client needs to maintain housing
- Provide active outreach and engagement if the client declines supportive housing services
- Develop a client-centered support service plan (treatment plan)
- Provide a check-in at the client's home, at minimum once per month to ensure long-term tenancy