IEHP | Community Supports

Housing Deposits Referral Form

Housing Deposits provide assistance with funding one-time services and modifications necessary to enable a Member to establish a basic household that do not constitute room and board. Does not include rental assistance or rent in arrears.

Please note that Housing Deposits must be reasonable and necessary in the Member's Individualized Housing Support Plan and are available only because the Member is unable to meet such expense.

For criteria information review: Housing Deposit

Request Type

☐ Initial Request ☐ Extension ☐ Member consented to housing deposits referral.

Member's First Name:	Last Name:	Phone Number:	IEHP Number:
Member's Address:			Zip Code:

Gender:	DOB:	Primary Language:	Responsible Party:
☐ Male ☐ Female ☐ Other: _____ Preferred pronoun:	Age:	☐ English ☐ Spanish ☐ Other: _____	Self ☐ Yes ☐ No Power of Attorney ☐ Yes ☐ No Public Guardian ☐ Yes ☐ No Advance Directive ☐ Yes ☐ No Responsible Party Name and Contact:

Diagnosis (Serious chronic condition or serious mental health diagnosis):	ICD-Code:

Eligibility Criteria

Member must meet ONE of the following:

☐ Member who meets HUD definition of at risk of homelessness and ONE of the following:
- ☐ Meets the access criteria for SMHS;
- ☐ Meets the access criteria for DMC or DMC-ODS;
- ☐ One or more serious chronic physical health conditions;
- ☐ One or more physical, intellectual, or developmental disabilities; or
- ☐ Individuals who are pregnant up through 12-months postpartum

OR

☐ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for Housing Deposit

☐ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.

AND all of the following:

☐ Member attests to not have used housing deposit in the past

☐ Member consented to Housing Deposits referral and acknowledges the once per demonstration period.

☐ Member has Individualized Housing Support Plan

☐ Member has NOT moved into place prior to submission of Housing Deposits Referral

*Please note, if boxes are **NOT** checked, **STOP**. Members do **not** meet eligibility criteria.*

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Requested Items	
Please check off each box the member is requesting assistance for and provide the required documentation. ☐ Member's Individualized Housing Support Plan that explicitly indicates the need for Housing Deposits Services must be submitted in addition to other required documents.	
Requested Items	**Required Documents**
☐ Security Deposits	☐ Lease with Member's name. amount for security deposit and move-in date (not to exceed first month's rent amount)
☐ Utility setup/ deposit fees or utility bills	☐ Utility bill (must include all pages and Member's name must match)
☐ Cleaning/pest or other service required for move-in	☐ Quote for service cost
☐ Household Items	☐ Pre-purchase: online shopping cart itemized list **All shopping cart itemized lists and receipts must be kept in the Member's record for auditing purpose**. (See list below)
☐ Medically necessary adaptative aids and services	☐ Medi-Cal DME denial letter
Total amount requested: $ Please sum all costs together. **Maximum allowance including taxes must not exceed $5,000.**	

Service & Amount Requested	
Service Type	***Amount Requested***
Security Deposit	
Application Fees	$
Security Deposit	$
Utilities	
Utility Deposit	$
Electricity	$
Trash / Sewer	$
Gas	$
Water	$
Other (Please provide supporting documentation)	$
Cleaning Services	
Fumigation	$
Cleaning Services	$
Approved Household Items	
☐ Air Conditioner (Max $250)	$
☐ Bed Frame (Max $200 one per tenant)	$
☐ Heater (Max $300)	$
☐ Mattress (Max $350 one per tenant)	$
☐ Microwave (Max $125)	$
☐ Refrigerator (Max $800)	$
☐ Stove (Max $700)	$
☐ Dining Table and 2 Chairs (Max $300)	$

☐ Couch (Max $500)	$
☐ Infant Furniture (Max $300)	$
☐ General Home Goods (Max $300) (i.e. bathroom kit, kitchen, bedroom.	$
Grand Total Including Taxes (must not exceed $5,000 including housing deposit, and utilities)	$

NOTE: A signed lease agreement must be submitted with your claim. If a signed lease agreement is not submitted, your claim will be denied.

This Request Does Not Guarantee Eligibility. Check Eligibility Prior to Rending Service.
Payment Will Not Be Made For Unauthorized Services.