

Homeless Identification and Birth Certificate Project Instructions to make a referral

PURPOSE: Program provides funding for birth certificates and/or State Identification/Drivers License renewals.

ELIGIBILITY: To qualify, the individual must be experiencing homelessness or is at imminent risk of becoming homeless, and have a mental illness or co-occurring substance use disorder.

Minor children in the care of a qualifying adult that meets the homeless and disability criteria are also eligible for birth certificates.

INSTRUCTIONS TO MAKE A REFERRAL:

1. Verify individual meets the following requirements:

- a. Is age 18 or older **OR** If the individual is under age 18, they must be in the care of an adult that meets criteria below
- b. Has a mental illness or co-occurring substance use disorder
- c. Currently homeless or at imminent risk of becoming homeless
- d. The individual may not have requested funds from this project within the past 5 months
- e. Individual is eligible for services within the public mental health system

2. Complete the application packet with the individual. Application includes the following:

- a. The “**Behavioral Health Administration Homeless I.D. Project FY 2019 Application/Intake**”.
- b. The “**Maryland Homeless I.D. Project Documentation of Homelessness**”. This is a self-verification of homelessness completed by the individual (including current situation, how long they have experienced homelessness, how many episodes of homelessness, what makes them at risk of homelessness, etc.). ****If the individual is currently staying in a shelter, please include a letter from the shelter.***

3. Submit the application packet either by fax or mail. (**NOTE: Application packets should be sent to the Core Service Agency where the individual is residing/ located**)

Offices:	Mid Shore Behavioral Health, Inc.
Fax:	410-770-4809
Mailing Address:	28578 Mary's Ct, Suite 1 Easton, MD 21601
Telephone:	410-770-4801
Contact:	Michelle Hammond

***If you have questions please call
Mid Shore Behavioral Health, Inc. at 410-770-4801***

**BEHAVIORAL HEALTH ADMINISTRATION
Homeless I.D. Project FY 2019 APPLICATION/ INTAKE**

Client Name: _____ D.O.B.* _____ Phone number: _____

*If Client is under age 18, is he/she under the care of an adult that is homeless/imminent risk of homelessness AND has a mental illness or co-occurring substance use disorder: ___ Yes ___ No

Does the Client have needed documentation to obtain Identification Card/Birth Certificate? ___ Yes ___ No

If Yes please list: _____

Client MA #, Gray Zone # or Medicare #: _____ Social Security # _____

Current Living Situation: ___ Emergency Shelter ___ Transitional Housing ___ Hospital ___ Hotel/Motel
___ Jail ___ Street, Park, Car, Bus Station, Bridge, etc. ___ Living with Relatives/Friends

Other: _____ Zip Code of Last residence: _____

Chronically Homeless (homelessness for a year or longer, or at least four episodes of homelessness in the last three years): ___ Yes ___ No

Housing Status: ___ Literally Homeless ___ Imminently Losing Housing

Veteran: ___ Yes ___ No Gender: ___ Male ___ Female Race: _____ Ethnicity: _____

Disability: Mental Illness _____ Co-occurring _____

Person completing form: _____ Phone # _____

Agency & Address: _____

Documentation of Homelessness Received: ___ Yes ___ No *CSA will maintain file applications

Request: (Please check all that apply)

___ State Identification Card **OR** ___ Drivers License Renewal

___ Birth Certificate Which state: _____

*Please note that follow up is needed to verify that documents (ID/BC) were obtained by client within 45 days

Follow Up Date (45 days from Application): _____

FOR CSA OFFICE USE ONLY: CSA Making the Request: _____		
Requesting CSA has verified that this is not a duplicate request for funding for this individual within the past 6 months: ___ Yes ___ No *Note: There is a maximum of 2 IDs or Birth Certificates		
FOR ID: Check payee: _____ AMOUNT: _____ Phone #: _____ Payee address: _____ Tax ID #: _____ Account # if applicable: _____	For Birth Certificate: Check payee: _____ AMOUNT: _____ Phone #: _____ Payee address: _____ Tax ID #: _____ Account # if applicable: _____	
Total Amount Approved by CSA: _____	Amount Denied by CSA _____	Follow Up by CSA _____
_____ Approved CSA Director or Designee	_____ Date	Date ID paid: _____
_____ CSA Fiscal Officer	_____ Date	Date Birth Certificate Paid: _____
Revised 7/28/2016 JB/KD		Approved YTD _____



MARYLAND HOMELESS I.D. PROJECT

of Homelessness

Please use the following space to describe the applicant's current living situation. If the applicant is currently in the detention center, please describe their living situation prior to incarceration. If the applicant is currently residing in a shelter, transitional housing program, or other temporary housing facility additional documentation of homelessness, i.e. letter on agency letterhead must be included with this form.

Self-Verification (Brief statement from client saying he/she is homeless or at-risk of losing his/her housing):

(Please ask the Applicant these questions):

1. Where do you typically stay at night? _____

2. Do you know the name of the shelter or housing program where you stay?

3. Do you work with any of the outreach teams or case management programs? ____ Yes ____ No

If yes, do you know the name of the agency or the worker you see? _____

I certify that the information provided regarding my homeless status is accurate and true.

Date: _____ **Signed:** _____ (Applicant)

Date: _____ **Witness:** _____