



Housing Priority Site Visit Certification for Special Needs and/or Service Enriched Properties

PROPERTY NAME: _____ **Phone Number:** _____

PROPERTY NUMBER: _____

PROPERTY ADDRESS: _____

PROPERTY SERVICE PROVIDER: _____ **Phone Number:** _____

PROPERTY SERVICE PROVIDER CONTACT: _____

TOTAL NUMBER OF UNITS: _____

TOTAL NUMBER OF SPECIAL NEEDS UNITS (if applicable): _____

TOTAL NUMBER OF HOUSEHOLDS CURRENTLY MEETING SPECIAL NEEDS REQUIREMENTS: _____

TARGET POPULATION: _____

SELF CERTIFICATION REPORT PERIOD: **From (date of last report):** _____ **To (date of current report):** _____

DATE OF VISIT: _____

COMPLIANCE OFFICER: _____

HOUSING PRIORITY:

Special Needs Housing

Service Enriched Housing

CHECKLIST ITEMS:

CHANGES:

Has the Special Needs Supportive Services Agreement/ MOU changed since Firm Submission? If so, what changed and why?

Has the Service Enriched Supportive Services Plan changed since Firm Submission? If so, what changed and why?

Were there any changes to the financing of supportive services during the reporting period that will effect the delivery of services? If so, what are the changes and how will the delivery of special needs or service enriched requirements be effected?

Please provide budget information for your previous and current fiscal years, including costs of staff and services.

Previous year budgeted funding level for Fiscal Year Ending _____ Cost of Staff \$ _____ Cost of Services \$ _____

Previous year actual funding level for Fiscal Year Ending _____ Cost of Staff \$ _____ Cost of Services \$ _____

Current year budgeted funding level for Fiscal Year Ending _____ Cost of Staff \$ _____ Cost of Services \$ _____

REFERRALS This section to be completed by the LRA:

What is your referral process? Please include your screening and eligibility criteria for set aside units.

How is your referral process inclusive of persons with all types of disabilities or special needs?

Does your referral process include accepting referrals from other providers? If so, describe how the process for accepting referrals from other providers. If not, explain why your referral process does not include accepting referrals from other providers.

Does your referral process include the management company? If so, describe how. If not, discuss the reason(s) why.

How does the Lead Referral Agency (LRA) manage the waiting list?

What is the LRA's process to notify local service providers when the waiting list is open?

OCCUPANCY:

Did management notify the LRA within a timely manner (90 days) prior to occupancy certificate or when marketing began? If not, discuss the reasons why.

Does management have a process in place to notify the LRA when units will be available? If so, describe how. If not, discuss the reason(s) why.

Describe the process to lease vacant SN/SE units after initial lease up (i.e., within 30 days)?

SERVICES:

Please list requested information for all special needs/service enriched providers whether individuals or organizations.

<u>Provider Name</u>	<u>Address</u>	<u>Email/Phone Number</u>	<u>Contact Person</u>	<u>On Site or Off Site</u>

Please indicate the number of residents that have used each of the following services at least once during the reporting period.

Service Coordinator	_____	Interpreter	_____
Case Management	_____	Medication monitoring/support	_____
Crisis Intervention	_____	Information referral	_____
Mental Health Services	_____	Health Education/Screening/Assessment	_____
Individual Counseling	_____	Nutrition Services	_____
Group Counseling	_____	Social/Recreational Activities	_____
Legal Services	_____	Financial/Budgeting Seminar	_____
Assistance Animals	_____	Computer Skill Class	_____
Assistance Devices	_____	Life Skill Class	_____
Health and Safety Class	_____	Employment Skill Class	_____
Job Training Class	_____	Transportation to Services	_____

If off-site services are offered, how is transportation addressed?

What is used to document services or refusal of services?

Are services appropriate for the target population? If so, describe how. If not, discuss the reason(s) why.

For completion by special needs property only:

Does the LRA have a designated point of contact for residents and management? If so, provide the name, number, address and email for the designated point of contact. If not, discuss the reason(s) why.

For completion by special needs property only:

Does the LRA have a plan for negotiating reasonable accommodations if necessary? If so, describe how. If not, discuss the reason(s) why.

COMMENTS:

CERTIFICATION:

I hereby certify that the information provided in this self-certification is true and correct and reflects the status of the property as of the date of this report.

Signed by: _____
Title: _____
Organization: _____
Date: _____

Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC via email. If submitted as such, the undersigned agrees that the signature is to be treated as an original signature and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy as deemed necessary. The undersigned is responsible for retaining the original signed hard copy in his or her files.