



## LEE COUNTY

### 2016/2017 SHIP AFFORDABLE HOUSING FUNDS

### INSTRUCTIONS FOR DOCUMENTING THE SPECIAL NEEDS

#### Instructions

At least 20 percent of the 2016-2017 SHIP funding must be used to serve persons with special needs (as defined in 420.0004 Florida Statutes) with first priority to serve persons with developmental disabilities by providing home modifications, including technological enhancements and devices which will allow persons to remain independent in their own homes and maintain their homeownership.

Although there is a priority for persons with developmental disabilities, the fundamental requirement is to document that SHIP funds are used to provide rental or homeownership assistance to households that include one or more household members with special needs.

In order to track how the funds are targeted the agency receiving SHIP funds must:

- Identify applicants who are persons with special needs and
- Require supporting written documentation related to those households with persons with special needs. If the household is receiving financial assistance connected to the special needs that financial assistance must be counted when determining income eligibility.

All financial assistance related to any of the special needs categories must be reported as income and should be documented appropriately as part of the application process.

Remember to ask lots of questions:

Is the applicant receiving Family and Supported Living or the Developmental Disabilities Home and Community-Based Services Waiver? If so, please request documentation of the eligibility determination from the Agency for Persons with Disabilities.

#### Definition:

*393.063 (9), F.S. "Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

*420.0004 (13), F.S. "Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits*

*420.0004 (7)F.S.- "Disabling condition" means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:*

*(a)Expected to be of long-continued and indefinite duration; and*

*(b)Not expected to impair the ability of the person with special needs to live independently with appropriate supports.*

**2016/2017 INCOME CERTIFICATION: Special Needs Yes\_\_\_ No\_\_\_****\*\*\*A survivor of domestic violence***Contact Lee County prior to submitting any information.*

- ✓ **See form below and fill in the household name, address and SHIP contract number. Attach this form with the appropriate supplement form to the income certification form and to the request for reimbursement forms**
- ✓ **Check** the appropriate category and then refer to the attached supplement forms for the recommended questions and related information and supporting documentation to be obtained. (If you need additional information please contact Antia Richards, Senior Planner Phone: (239) 533-8547 E-mail: [richarah@leegov.com](mailto:richarah@leegov.com) Lee Co. DCD/Planning Sec. 1500 Monroe St. Ft Myers, FL 33901 or P.O. Box 398, Ft Myers, FL 33902.)

Lee County will use at least 20% of the 2016/2017 allocation of SHIP for special needs households, prioritizing funding for persons with developmental disabilities with an emphasis on home modifications, including technological enhancements and devices.

**Head of Household Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**SHIP Contract Number** \_\_\_\_\_

**Person with Developmental Disability** *See Page 2 for supplement form*

*Prioritize funding for persons with developmental disabilities*

**Receives Social Security Disability Insurance (SSDI)** *See Page 3 for supplement form*

**Receives Supplemental Security Income (SSI)** *See Page 3 for supplement form*

**Receives Veteran's Disability** *See Page 3 for supplement form*

**A young adult formerly in foster care** *See Page 4 for supplement form*

**Person with a disabling condition** *See Page 5 for supplement form 5*

**Diagnosable substance abuse disorder**

**Serious mental illness**

**Chronic physical illness or disability**

**None of the above – not a person with special needs**

## Provide the Appropriate Support Documentation

### **Supplement form: Person with Developmental Disability**

*Prioritize funding for persons with developmental disabilities*

**Head of Household Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**SHIP Contract Number** \_\_\_\_\_

Is one or more household members a person with a Developmental Disability\* as defined in 393.063, F.S.?

**Definition:**

*393.063F.S.- \*"Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

Supporting documentation: Request written documentation from the agency from which they have been determined eligible to receive services. This is expected to be the Agency for Persons with Disabilities in most cases, or in some cases, the Department of Children and Families.

If they are not currently receiving services, they will have to have been "determined eligible" to be placed on a waiting list. They must provide the written documentation.

For all others not receiving services and not on a waiting list, request written documentation that the person was referred by the following agency that serves persons with Developmental Disabilities (i.e. local APDs, ARCs and CILs).

Name of Agency: \_\_\_\_\_

- **Describe below the documentation obtained and contained in the agency's case file**

### **Provide the Appropriate Support Documentation**

- Supplement form: Person Receives Social Security Disability Insurance (SSDI)**
- Supplement form: Person Receives Supplemental Security Income (SSI)**
- Supplement form: Person Receives Veteran's Disability**

**Head of Household Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**SHIP Contract Number** \_\_\_\_\_

A person receiving disability benefits from Social Security Disability Insurance (SSDI), the Supplemental Security Income (SSI) program or the Veterans Administration – Request an award letter from the Social Security Administration or the Veterans Administration indicating the monthly amount of disability benefits.

- **Describe below the documentation obtained and contained in the agency's case file**

## Provide the Appropriate Support Documentation

**Supplement form: A young adult formerly in foster care**

**Head of Household Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**SHIP Contract Number** \_\_\_\_\_

These applicants should be asked to provide written documentation that they are referred by their local Community-Based Care program and are receiving a stipend under the Road to Independence Program.

- **Describe below the documentation obtained and contained in the agency's case file**

## Provide the Appropriate Support Documentation

### Supplement form Person with a disabling condition – per 420.0004(7) FS

**Head of Household Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**SHIP Contract Number** \_\_\_\_\_

#### **Diagnosable substance abuse disorder**

Request written documentation from the agency from which they have been determined eligible to receive services. This will be a local service provider or Managing Entity that is under contract with Dept. of Children and Families.

#### **Serious mental illness**

Request written documentation from the agency from which they have been determined eligible to receive services. This will be a local service provider or Managing Entity that is under contract with Dept. of Children and Families.

#### **Chronic physical illness or disability**

Request written documentation from the agency from which they have been determined eligible to receive services. This is expected to be a community service provider or Managing Entity that is under contract with Dept. of Children and Families or a Local Center for Independent Living (CIL).

An Applicant may also receive services designed for frail elders that have a chronic physical illness or disability.

Is the Applicant receiving services under the following programs?

- Home Care for Disabled Adults;
- Community Care for Disabled Adults;
- Aged and Disabled Adult Medicaid Waiver;
- Alzheimer's Disease Initiative Respite/Special Projects;
- Alzheimer's Disease Initiative Memory Disorder Clinics;
- Channeling Waiver;
- Community Care for the Elderly;
- Home Care for the Elderly;
- Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion);
- Older Americans Act Title III B Supportive Services;
- Older Americans Act Title III D Preventive Health Services;
- Older Americans Act Title III E Caregiver Support;
- Program of All-Inclusive Care for the Elderly (PACE);

Please request written documentation of the eligibility determination for these programs from the following:

- Department of Elder Affairs;
- Area Agency on Aging (Regional);
- Council on Aging (County);

- **Go to the next page**

- **Describe below the documentation obtained and contained in the agency's case file**