

**Move In Assistance & Eviction Prevention Program (MIA&EP) For
Adults with Severe Mental Illness**

Program Guidelines and Application

As amended June 2022

The State of New Mexico Human Services Department, Behavioral Health Services Division through the Statewide Entity (SE) coordinates and manages the **Move-In Assistance and Eviction Prevention Program (MIA&EP)** for the purpose of providing move-in assistance and eviction prevention **due to current homelessness or at risk of homelessness for persons who have a diagnosed and documented severe and persistent mental illness**. It is imperative that providers adhere to these guidelines so that these services can be consistently rendered to consumers/families and that reimbursement monies can be disseminated in a timely manner.

GUIDELINES

Assistance Amounts

1. The maximum amount per individual is \$1,000.
2. An individual may access MIAEP funds multiple times until the maximum grant amount of \$1,000 is expended.
3. After the maximum grant amount of \$1,000 is expended, an individual is not eligible for MIAEP until three years from the date of their last application.

Allowable Uses

Grants are to be used exclusively for application fees, rent, damage/security deposit, utility deposits, utilities, or other approved costs directly related to housing stability.

Eligibility

1. Homeless or impending homelessness

Grants are for emergency housing situations related to homeless or impending homelessness only. Emergency situations are defined as temporary situations which include but are not limited to the following:

- a. The individual or household is or will become homeless if some kind of financial assistance for housing is not available;
- b. The individual or family is doubled-up with another individual or family and at risk of homeless;
- c. Utilities (Electric, Gas/Propane, Water Only) will be disconnected due to lack of payment; and/or
- d. A homeless individual or family needs assistance to move-in to a new housing unit and may need assistance with an application fee, damage deposit, and/or rent payments up to the \$1,000 limit.

2. Severe and persistent mental illness

Applicant (or household member) must have a diagnosed and documented severe persistent mental illness or co-occurring substance use disorder.

3. Accessing behavioral health services

Grants will only be made to individuals currently receiving behavioral health services by a Statewide Entity approved provider.

4. Housing stability plan

Grants will only be made to individuals who are reasonably able and likely to maintain their housing. The applicant must self-report a plan to be able to maintain housing or utility services after receiving MIAEP assistance. This can include but is not limited to: recovering from one-time expenses (medical, car repair, etc.), starting a new job, applying for benefits, finding a roommate, or any other plans the applicant has to build their housing stability.

Documentation

1. All applicants

- a. Documentation that behavioral health services are being provided by an SE approved provider.
- b. A self-reported plan for housing stability.

2. Eviction prevention

- a. Applicant must have a current eviction notice.
- b. Applicant must provide a lease.

3. Move- in assistance

- a. A lease or signed letter from the Property Manager indicating the rent/deposit amount for Move-In Assistance.
- b. Applicants seeking assistance with application fees can provide a letter from the landlord, an advertisement that includes the application fee, or an email sent to the MIAEP provider documenting the cost of the application fee.

4. Utility assistance to ensure the livability of a unit

- a. A past due or disconnect notice for electric, gas, propane, and/or water utility arrears.
- b. Applicant must provide a lease or deposit statement from utility company.

Any exceptions to the above guidelines must be approved by the SE in advance. MIAEP funds cannot be used for mortgages or internet expenses.

**Please note: During the COVID-19 pandemic, many landlords and utilities are not issuing evictions or shut-off notices. During this time, documentation of amounts past due is appropriate documentation.*

Also please note: We cannot accept .jpg or .png files, so do not send photos of the application or supporting documents

PROCEDURES

1. Applicants seeking assistance must do so in person at an approved SE contracted agency. Unless discussed and approved by the SE contracted Agency.
2. Provider staff will interview the applicant and assess their circumstances to determine eligibility according to above guidelines.
3. Provider staff will complete a MIA&EP Application with the applicant.
4. Documentation of diagnosis, housing stability verification, and lease agreement or eviction notice must be obtained prior to release of funds by the Provider or SE.
5. Individuals whose grant requests are not approved will be informed of the reason(s) for the denial of request within 24 hours by the contracted Provider.
6. All Applicants should be encouraged to complete and submit an application for a Section 8 Housing Voucher from the County and/or City Housing Authority or other subsidized housing available in their geographic area.
7. Scan and email to mia-ep@hopeworksnm.org
8. Fax to 505-248-1351 (Attn: MIA&EP)
9. Hard copies can be dropped off at HopeWorks Behavioral Health (second floor): 1201 Third St. NW, 87102

Other Important Information:

- 1. Checks:** Checks will be made payable directly to the property owner, manager or utility company – *not the applicant*. **Please Note:** *A W-9 form from the property manager is required in order to process the check request.*
- 2. Timeframe:** Once the application is approved and processed, checks will be issued within approximately 3 business days. MIA&EP staff will notify applicant and/or referring provider when checks are mailed, as well as of any unforeseen delays in processing.

**Move In Assistance and Eviction Prevention Program (MIA&EP)
APPLICATION**

DATE _____

A. APPLICANT INFORMATION: [Fill out completely; if you do not have Medicaid, leave blank]

APPLICANT NAME _____

APPLICANT'S MEDICAID MEMBER I.D. # _____

SS#: _____ (last 4 digits) D.O.B. _____

ADDRESS _____ City _____

ZIP: _____ State: _____ County: _____

PHONE # _____ EMAIL _____

HOUSEHOLD INCOME(S)

_____ TOTAL Per/Month \$ _____

_____ TOTAL Per/Month \$ _____

B. REFERRING PROVIDER INFORMATION: [To be filled out by applicant's referring provider]

REFERRING AGENCY: _____ PHONE: _____

NAME/TITLE: _____ EMAIL _____

C. REQUESTING ASSISTANCE WITH: [Check appropriate box(s) and specify \$ amount(s) being requested. *Also refer to required documents checklist below and submit those applicable to your request*]

Move In Assistance:

First Month's Rent(\$ _____)

Damage Deposit (\$ _____)

Application Fee (\$ _____)

Utility Assistance:

Electric/Gas/Propane/Water (\$ _____)

Eviction Prevention:

Overdue Rent (\$ _____)

Other (specify) _____ (\$ _____)

Have you received MIAEP assistance for rent or utilities from any of these agencies: HopeWorks, First Nations Community Healthsource, TeamBuilders Behavioral Health, The Life Link, La Clinica de Familia, Presbyterian Medical Services, Mental Health Resources and/or Supportive Housing Coalition?

___ No ___ Yes If yes, when: _____

DOCUMENTS REQUIRED FOR A COMPLETE APPLICATION

Please check-off as you attach the below documents to your application. Your application is not complete without the required documentation. Incomplete applications will not be reviewed.

Box 1: Both forms of documentation are required and must be submitted with all applications.

Box 2: Select type(s) of assistance you are requesting. The corresponding documentation is required and must be submitted with your application, along with "Box 1" documents.

1. REQUIRED DOCUMENTATION FOR ALL APPLICATIONS/TYPES OF ASSISTANCE:

Documentation of severe mental illness

(SMI)/co-occurring substance abuse disorder diagnosis

**Qualifying Disability & Services Determination form attached, if needed.*

Housing Stability Plan (Attached)

2. REQUIRED DOCUMENTATION FOR TYPE OF ASSISTANCE REQUESTED:

For move in assistance: *Signed* lease agreement or signed letter from property manager indicating rent/deposit amount for MIA.

For eviction prevention: Eviction notice and signed lease agreement.

For utility arrears: Disconnect notice & signed lease W9 from property management for both MIA & EP.

****Please refer to MIA&EP GUIDELINES for other acceptable documentation during the COVID-19 pandemic****

D. HOUSING INFORMATION: [If applying for move in assistance, indicate rental property information for new lease. If applying for other assistance, indicate rental property information]

Applicant Rental Property address:

City _____ State: _____ Zip: _____ County: _____

Property Manager's Name: _____

Property Manager Phone: _____ Email: _____

Property Management Company Name: _____

Monthly Rental Rate: \$ _____ Utilities Included: YES NO

Family Size 1 2 3 4 5

Roommate YES NO

No. of Bedrooms in Apts. Efficiency 1 2 3 4

E. HOUSING HISTORY: [Fill out completely; if a question does not apply, write "N/A"]

How long have you lived in this apartment/house? _____ (no. of months)

What was your living situation immediately prior to this apartment/house?

If Homeless, how long? _____ (no. of months)

If Homeless, where did you stay? (i.e., shelter, motel, with friends, etc.)

How long have you lived in the community or New Mexico? _____

F. SIGNATURES [*Applicant must print/sign name & date; Referring provider must sign & date*]

Applicant's Signature:

Date

Applicant's Printed Name:

Date

Referring Provider/Staff Signature:

G. For Completion by MIA&EP Agency only:

AMOUNT REQUESTED \$ _____ AMOUNT APPROVED \$ _____

REMARKS (Must include amount(s) and date(s) for each type of assistance provided and not exceed the \$1,000 maximum)

MIA/EP Qualifying Disability and Services Determination

| | | |
|---|---|-----------------------|
| Applicant: | DOB: | Last 4 SSN: |
| Option 1: Verification by a qualified State Licensed Professional. - If unable to use this document please attach appropriate documents verifying SMI or Co-Occurring disorder. | | |
| Instructions: This section must be completed by a professional licensed by the state of New Mexico to diagnose and treat the disability, and who can attest applicant is currently receiving mental health services. Please Note: both conditions A and B must be met. | | |
| A. | <p>I. The Applicant has a mental or emotional impairment which:</p> <ol style="list-style-type: none"> 1. Is expected to be of long-continued and indefinite duration; 2. Is of a nature that could be improved by more suitable housing conditions. <p>II. Additionally, please specify the nature of the Applicant's disability. (Check all that apply):</p> <p style="padding-left: 40px;">Co-Occurring Substance Use Disorder with Serious Mental Illness</p> <p style="padding-left: 40px;">Serious mental illness</p> | |
| B. | Applicant is currently receiving mental health services. | |
| Signature of Licensed Professional: | | Date: |
| Printed Name: | | Practice/Agency Name: |
| Professional Credentials (e.g. M.D., LISW, LPCC) | | State License Number: |

Self-Reported Income and Housing Stability Plan

Income

My current income is: \$ _____

My future income is: \$ _____

My future income is going to:

Stay the same because: _____

Be reduced

Increase

Housing Stability

I am currently in need of assistance, because:

Going forward, I will be able to maintain my housing because:
