

# Crisis Housing Assistance Program Verification Form

Funded through the Minnesota Department of Human Services (DHS), Adult Mental Health Division

Administered by The Arc Minnesota

Please fax verification to:

The Arc Minnesota

Wendy Gerlach

Fax: 952-522-3604

Verification of Serious Mental Illness or co-occurring Serious Mental Illness and Substance Use Disorder

Name of Individual: Print Name

In order to enroll in PROGRAM, this individual **must meet the Minnesota Comprehensive Mental Health Act definition of having a serious mental illness (SMI)** (Minnesota Statutes 245.462, subdivision 20, paragraph (a)).

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Step 1. Screen for serious mental illness

- This individual **does** identify as having a serious mental illness
  - Continue to engage, presuming eligibility until verification can be made.
- This individual **does not** identify as having a serious mental illness but SMI is suspected
  - Continue to engage, presuming eligibility until verification can be made.
- This individual **does not** identify as having a serious mental illness and SMI is not suspected
  - Provide warm hand off to appropriate services.

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Step 2. Document serious mental illness

- This individual **meets** the Minnesota Comprehensive Mental Health Act definition of having a SMI. If all other PROGRAM eligibility requirements are met, enroll in PROGRAM.

The documentation used for the verification is contained in the person's file as a:

- Diagnostic assessment
  - Physician's statement
  - Individualized treatment plan
  - Other documentation specify type of documentation
- This individual **does not meet** the Minnesota Comprehensive Mental Health Act definition of having a serious mental illness
    - Provide warm hand off to appropriate services.

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Step 3. Professional verification

Print Name of Mental Health Professional: Print Name

Phone Number of Mental Health Professional: Phone Number

License or Qualification of Mental Health Professional: License/Qualification

Signature of Mental Health Professional: Signature

Date of Signature: Date