

Crisis Housing Assistance Program Information Page

The Crisis Housing Assistance Program (CHAP) helps people keep their housing while they're getting mental health or substance use treatment. The program offers short-term housing help to adults with a serious mental illness who lose income because of treatment. It can cover up to 90 days of housing costs, including rent, mortgage, utilities, garbage, and up to \$70 a month for phone bills. The program is run by The Arc Minnesota and is funded by the Minnesota Department of Human Services.

Eligible Applicants

- Be 18 years or older
- Diagnosed with a serious mental illness
- Have low to moderate income
- Be in an eligible treatment program

Eligible Treatment Settings

- Inpatient or residential mental health
- Inpatient or residential substance use disorder
- Partial hospitalization program
- Outpatient treatment is **not** an eligible setting for this program.

What Documents Do You Need?

- Proof of income, including adult household members, if applicable. This could include pay stubs, unemployment, benefit letters, child support or alimony payments, or self-employment invoices.
- Signed release of information for your treatment setting and housing payee
- Signed verification of serious mental illness if you're getting substance use treatment
- Copy of lease or mortgage statement including landlord contact (email address and phone)

Funding Details

- Payments will be made within 3 to 7 business days after all documents are received, and application is approved.
- We will send payments directly to your property manager, mortgage company, or utility company. Funds will not go directly to you.
- Provide payee details (who we should pay and how) when you apply.
- The program may pay for rent, lot rent, mortgage, electricity, water, sewer, heating (gas, propane, etc.), garbage and up to \$70 per month for phone service. It cannot be used for crisis beds, group homes, or facilities.
- Funds cannot pay for overdue housing costs from before you started treatment. We also cannot use funds for security deposits, down payments, or household repairs.

Ways to Apply

1. [Apply online](#) for quickest application processing
 - Go to arcminnesota.org and click on **Ways We Can Help** select **Crisis Housing Assistance Program** and then **Apply Now**
 - Or access the webpage by scanning the QR code.
2. Apply through email and submit the completed application and supporting documentation to:
 - **Wendy Gerlach:** wendygerlach@ArcMinnesota.org
 - **Addie Abrahamson:** addieabrahamson@ArcMinnesota.org



For more information or help, contact Wendy Gerlach at (952) 915-3698.

Data Privacy Notice

Purpose of Collection: The information you provide on this form is being collected by The Arc Minnesota for the purpose of processing your application.

Use of Information: The information you provide will be used to verify your eligibility.

Voluntary or Mandatory: You are required to provide the requested information to process and establish eligibility of your application. However, you are not required to provide any additional information that is not essential for the purpose described above.

Consequences of Not Providing Information: If you do not provide the requested information, your application may be delayed or rejected.

Access to Information: The information you provide may be shared with the MN Department of Human Services as required or permitted by law. The Arc Minnesota will take reasonable steps to safeguard your privacy and protect your information from unauthorized access.

If you have any questions about this notice or how your information will be used, please contact Wendy Gerlach at wendygerlach@arcminnesota.org or 952-915-3698.



Crisis Housing Assistance Program Application (CHAP)

Applicant Information

Applicant Full Name:

Phone Number:

Email:

Preferred Communication Method (Select all that apply): Phone Email Assisting Agency

Street Address:

City:

State:

Zip:

Applicant Demographic Information

Gender:

Pronouns:

Date of Birth:

Race: African (not Black or African American) American Indian or Alaska Native

Asian Black or African American Native Hawaiian or Pacific Islander

White Other, please specify:

Prefer not to share my race

I identify my ethnicity as:

Prefer not to share my ethnicity

Household and Income Information

Marital Status (Select one):

Single

Married

Divorced

Separated

Widowed

Number of Adults in Household:

Number of Children in Household:

Gross Household Monthly Income:

Household Income Source(s):

Treatment Setting Information

Name of Treatment Setting:

Street Address:

City:

State:

Zip:

Contact Name:

Contact Phone:

Contact Email:

Expected Treatment Dates:

License Number:

Treatment Type (Select One):

Partial Hospitalization Program

In-Patient or Residential Mental Health

In-Patient or Residential Substance Use Disorder (must provide documentation of Serious Mental Illness)

Assisting Agency (Optional)

Agency Name:

Contact Name:

Contact Phone:

Contact Email:

Street Address:

City:

State:

Zip:

Financial Assistance Request

- Funds may cover 1 month of housing assistance for every 30 days of treatment, for up to 90 days. The need for funding is checked every month you are in treatment.
- Funds only cover current housing expenses. Funds cannot cover past due bills or deposits.
- Payments will not be made to the applicant. Payments will only be made to the payee (company or person being paid).
- Applications need to have the payee, account, and contact information. **If renting, include landlord email address and phone number.**
- We cannot pay your requested bills until we receive all the documents, including payment details.
- **Please include copy of lease or mortgage statement.**

What month do you want assistance to start:

How many months are you requesting:

Landlord email address (if renting):

Phone:

Monthly Expense	Amount	Payee Name	Account Number	Payee Phone Number and Email Address
Rent or Lot Rent	\$			
Mortgage	\$			
Electricity	\$			
Heating (Gas, wood, propane)	\$			
Water and Sewer	\$			
Garbage	\$			
Phone (Max \$70)	\$			
Other	\$			
Other	\$			
Monthly Total	\$			

Certification

Applicant signature will confirm all details in the application are true and approval of consent of release of information. The applicant signature also certifies:

- CHAP funds will only be used to assist with housing costs while the applicant with a serious mental illness is receiving inpatient behavioral health treatment, residential behavioral health treatment, or is in a partial hospitalization program.
- The household of the applicant has no other resources from which to pay the housing-related expenses listed above AND that the applicant will be able to pay rent, mortgage, and/or utilities when they return to their community housing.

Applicant Full Name:

Applicant Signature:

Date:

