

**Attachment 3**  
**Housing and Supportive Services**  
**Flexible Funding – Request Form**

Complete and submit this form to the Fairfax Falls-Church CSB to request Flexible Funding provided by the Department of Behavioral Health and Developmental Services to help individuals with a developmental disability in the Settlement Agreement secure their own rental housing and/or prevent the loss of their own rental housing. Flexible Funding must be used in accordance with the Flexible Funding Guidelines. Documentation of expenses is required for all requests. Supporting documentation for assistance to obtain housing must be submitted either with this request form, within 30 days of the date the individual signs a lease agreement or no later than 60 days after the date this funding request is approved. Supporting documentation for assistance to maintain housing must be submitted either with this request form or no later than 60 days after the date this funding request is approved. A list of acceptable forms of documentation is on page 12.

**FOR FAIRFAX CSB:**

**Please submit completed forms to FAX our fax at 703-653-9500, inquiries can be sent to [CSBFLEXFUNDING@FAIRFAXCOUNTY.GOV](mailto:CSBFLEXFUNDING@FAIRFAXCOUNTY.GOV) .**

If you have questions, please contact Mike Suppa at 703-383-8412.

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**\*\*\* You must submit a separate application for each individual \*\*\***

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**Case Manager/Support Coordinator's Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Eligible Individual's Information**

1. Eligible individual's full name: \_\_\_\_\_

2. Date of birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

3. Does the person have a DD diagnosis? \_\_\_\_ Yes \_\_\_\_ No

4. Please check any of the following that apply to the person listed above:

\_\_\_\_ DD Waiver

\_\_\_\_ DD Waiver waitlist

\_\_\_\_ Other\*

\*Please Explain: \_\_\_\_\_

5. If the individual is making the initial transition to leased housing, what is his/her current living setting: (e.g. training center, Community Intermediate Care Facility, Congregate Residential, Family home, own home, etc.): \_\_\_\_\_
6. Address of the unit in which the individual needs Flexible Funding (Street Address, City, State & Zip): \_\_\_\_\_
7. Who will live with the individual at this address?

Name	Relationship (e.g., friend, sibling, parent, grandparent, guardian, unrelated caregiver)

8. Is the proposed address where Flexible Funding is needed one of the following? (*check any that apply*)
- ☐ Nursing home    ☐ Board and care home    ☐ College or other school dormitory    ☐ Boarding house
- ☐ Residential program licensed by DBHDS or DSS (e.g., group home, residential treatment program, adult care residence, assisted living facility)
- ☐ A dwelling on the grounds of a penal, reformatory, medical, mental or similar public/private institution
- ☐ A facility providing continual psychiatric, medical or nursing services
- ☐ A dwelling without a permit from the local zoning administrator to lease part of the residence as a rental unit
- ☐ A non-residential setting (e.g., a homeless shelter, extended stay hotel, vacation timeshare)
9. Is the proposed address where Flexible Funding is needed a shared housing arrangement? ☐ YES ☐ NO

*If YES, please note that requests for furniture and household supplies that are already provided for common use cannot be funded using Flexible Funding.*

10. What other resources have you attempted to secure for the individual (e.g., VHDA housing choice voucher, local PHA voucher, MFP, Dominion utility assistance vouchers, Medicaid Waiver, etc.)? \_\_\_\_\_
11. What other resources have you secured for the individual (e.g., VHDA housing choice voucher, local PHA voucher, MFP, Dominion utility assistance vouchers, Medicaid Waiver, etc.)? \_\_\_\_\_
12. Lease Date or anticipated lease date: \_\_\_\_\_

## Flexible Funding Request

What type of Flexible Funding request is this (check one)?

- ☐ Request for Assistance to Obtain Housing  
☐ Request for Assistance to Maintain Housing

Please check all funding categories that apply and include the amount(s) requested.

Requested Funding Category (see Flexible Funding Guidelines for Category Descriptions)	Amount Requested
<b>Assistance Needed to Obtain Housing</b>	
<input type="checkbox"/> Temporary Rental Assistance is not to exceed two month's rent, specifically to allow environmental mods to be made	
<input type="checkbox"/> Housing Transition Services and Supports covers goods and services such as first month's rent for individuals receiving rental assistance, security deposits, utility connection fees and deposits, moving expenses, essential furniture and household supplies, and direct support to assist individuals with transitioning to independent housing. For more information on what "direct support" includes, see the Flexible Funding Guidelines. All requests for furniture and household supplies must include the Furniture and Household Supplies Inventory List (see page 6-7).	
<input type="checkbox"/> Non-Reimbursable Environmental Modifications	
<input type="checkbox"/> Non -Reimbursable Assistive Technology Improvements	
<input type="checkbox"/> Temporary Support Staffing ( <i>Please provide a detailed description of how funds will be used below</i> ) covers housing location services, help with budgeting/packing/furniture shopping, and temporary staffing to help individuals become acclimated to new housing.	
<input type="checkbox"/> Miscellaneous ( <i>Please provide a detailed description of how funds will be used below</i> ) covers non-traditional costs that are temporary in nature and related to lapses in coordination of benefits and other related occurrences. Must receive prior written authorization from DBHDS to use this funding category.	
<b>Assistance Needed to Maintain Housing*</b> <i>see Flexible Funding Guidelines for required documentation that must be submitted with application.</i>	
<input type="checkbox"/> Emergency Rent Payment & Associated Late Fees covers tenant's portion of the rent and any associated late fees. Limited to three months of rent and three late fees per lease year.	
<input type="checkbox"/> Last Resort Utility Assistance covers gas, electric, oil, propane, water and sewer bills that are in arrears. Limited to a maximum of \$500 per lease year.	
<input type="checkbox"/> Household Management Activities covers specialized cleaning, chore services, pest extermination and trash removal. Limited to \$500 per lease year.	
<input type="checkbox"/> Unit Repairs covers damage (including water damage) to an eligible individual's rental housing unit caused by the individual's action or inaction. The individual must have received a Notice of 21 Days to Cure or 30 Days to Vacate for a lease violation related to tenant damage of the unit, and the damage must not be covered by owner's or renter's insurance.	
<input type="checkbox"/> Temporary Relocation covers temporary relocation expenses if rental housing is damaged, flooded, contaminated by a biohazard or condemned. Limited to one request per lease year, not to exceed \$2,500.	

Requested Funding Category (see Flexible Funding Guidelines for Category Descriptions)	Amount Requested
<input type="checkbox"/> Miscellaneous Tenant Support <i>(Please provide a detailed description of how funds will be used below)</i> covers temporary, non-traditional tenancy support costs related to lapses in coordination of benefits and services that place an individual at risk of eviction. Must receive prior written authorization from DBHDS to use this funding category.	
<b>Employment and Community Transportation Assistance*</b> <i>see Flexible Funding Memo &amp; Guidelines for required documentation to submit with application.</i>	
<input type="checkbox"/> Employment & Community Transportation covers transportation for trips with a non-medical purpose that are related to the individual's ISP goals. Two travel methods are covered: (1) transportation in a private vehicle by a person such as a co-worker or other community member or (2) the purchase of tickets or farecards for public transportation such as a bus or subway. Attach the Flexible Funding Trips Plan approved by DBHDS.	
<b>TOTAL REQUEST</b>	

\* Support Coordinators may not seek, accept or retain Flexible Funding assistance from the CSB for amounts paid by the tenant or by a third party such as an insurance provider or another program that provides financial assistance.

13. Please explain the reason for the Flexible Funding request in the relevant category/categories below:

Category	Describe the Barrier(s) the Individual Is Experiencing:	How Will the Goods, Services and/or Transportation Requested Remove These Barriers?
Obtaining Housing		
Maintaining Housing		

14. Please provide a brief description of how you plan to use the requested flexible funding.

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**CSB OFFICE USE ONLY: FUNDING ELIGIBILITY DETERMINATION**

☐ APPROVED    ☐ NOT APPROVED

## Furniture and Household Supplies Inventory List

***If the individual is requesting assistance to pay for furniture and/or household supplies, please submit an inventory of the furniture and household items the individual owns, using the list below.*** The Flexible Funding program only funds furniture and household items which the individual does not already possess. Flexible Funding may not be used to upgrade or replace furniture or household items the individual possesses, unless the item is in such poor condition that it is unusable. Next to each item listed, place an "X" under "have" or "need." Only those items in the "need" column may be considered for Flexible Funding. Submit this inventory list with the Flexible Funding application. Items not on this list may be considered on a case-by-case basis, if the support coordinator can document the individual is unable to move into or maintain occupancy of the unit without this item, or that the item essential for the person's: health & safety in the home, ability to maintain lease compliance, or ability to function in and/or use his or her housing.

NOTE: Flexible Funding will NOT pay for utilities and appliances that should be provided by the landlord such as washers, dryers, dishwashers, water heaters, etc. Flexible Funding also will not pay for entertainment and recreation items such as televisions, sound systems, laptops, computers, etc.

Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

ROOM/ITEM			
Bedroom (*Flexible Funding will cover bedroom furniture for a live-in aide, but not other family members)	NOT TO EXCEED	HAVE	NEED
Mattress, Box Spring and Frame (including shipping) *	\$700		
Chest of drawers	\$200		
Bedroom lamp (if no overhead lighting)	\$40		
Living Room		HAVE	NEED
Furniture - sofa, chair, and/or loveseat, (standard, no pull out bed or reclining features)	\$600		
Table/Floor lamp (if no overhead lighting)	\$40		
Dining Room/Kitchen		HAVE	NEED
Dining table with four chairs	\$300		

## Household Items

ROOM/ITEM			
Bedroom (* Flexible Funding will cover bedroom items for a live-in aide, but not other family members)	NOT TO EXCEED	HAVE	NEED
Sheet set (maximum of 2 sets)*	\$25		
Comforter or blanket*	\$50		
Pillow*	\$15		
Pillowcase*	\$10		
Mattress protector*	\$30		
Area rug (if required by lease)	\$75		
Curtains (if required by lease)*	\$15/panel		
Living Room		HAVE	NEED
Area rug (if required by lease)	\$75		
Curtains (if required by lease)	\$15/panel		
Dining Room/Kitchen		HAVE	NEED
Area rug (if required by lease)	\$40		
Coffeemaker	\$25		
Microwave (if not provided by landlord)	\$100		
Toaster or Toaster Oven	\$20		
Saucepan	\$10		

Frying pan	\$15		
Can opener	\$6		
Paring knife	\$5		
Cutting board	\$5		
Measuring cups	\$10		
Measuring spoons	\$5		
Bottle opener	\$5		
Spatula	\$5		
Vegetable peeler	\$5		
Tongs	\$5		
Slotted spoon	\$5		
Ladle	\$5		
Paper towel holder	\$7		
Dish towels	\$5		
Dish drainer	\$10		
Mixing bowl	\$10		
Dinner plates (set of 4)	\$10		
Cereal/soup bowls (set of 4)	\$10		
Coffee mugs (set of 4)	\$10		
Dinnerware (set for 4)	\$12		
Salt & pepper set	\$5		
Tea kettle	\$10		
Wastebasket	\$15		
Bathroom (*Flexible Funding will cover these bathroom items for a live-in aide, but not other family members)		HAVE	NEED
Bath towels (2)*	\$10/towel		
Hand towels (2)*	\$4/towel		
Washcloths (2)*	\$3/cloth		
Tub mat	\$8		
Bath mat	\$10		
Shower curtain	\$10		
Shower curtain rings	\$5		
Shower curtain liner	\$10		
Wastebasket	\$7		
Toilet brush	\$5		
Plunger	\$5		
Hamper	\$25		
Cleaning		HAVE	NEED
Vacuum	\$75		
Mop	\$5		
Bucket	\$5		
Broom	\$5		
Dust pan	\$5		
Basic toolkit (if assembling furniture)	\$10		
Laundry Basket	\$8		

**CSB OFFICE USE ONLY: FUNDING ELIGIBILITY DETERMINATION**

☐ APPROVE      ☐ NOT APPROVED

## Furniture and Household Supplies Exception Request

Please complete this form if the individual, due to his or her disability, requires certain furniture or household supplies not identified on the Furniture and Household Supplies Inventory List. Submit this form plus a letter from qualified professional verifying the disability-related need for the furniture and/or household supplies with the Flexible Funding application.

Individual's Name \_\_\_\_\_ Date \_\_\_\_\_

Describe the furniture or household supply items needed: \_\_\_\_\_

\_\_\_\_\_

Estimated Price per Item:      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

1. This item is needed so the individual can:

- ☐ move into or maintain occupancy of the unit
- ☐ ensure health and safety in the home
- ☐ maintain lease compliance
- ☐ fully use the available housing
- ☐ other (please describe): \_\_\_\_\_

2. **Complete the following sentence:** I/we need this exception so that I/we can \_\_\_\_\_

\_\_\_\_\_

3. Please provide a letter from a qualified professional (e.g., health care provider, therapist, case manager, counselor, social service provider, clergy member or a reliable source who is familiar with the needs of the person with a disability) who can verify the family member's disability, explain the disability related need for the furniture/household item requested and what will be accomplished with the requested furniture/household supplies.

Name		Telephone	
Title		Fax	
Address		Email	
City		State	
Zip			

I give the CSB Flexible Funding Program Administrator permission to contact the above professional for purposes of verifying that I need the exception requested above. I understand that the information obtained will be kept confidential and used solely in making determination with regard to my request for an exception.

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Plan to Maintain Stable Housing**

*Flexible Funding is not a long term source of financial assistance to help individuals maintain their housing: there are limits and caps on assistance. Therefore, individuals who request assistance to maintain housing must put plans in place to prevent future housing emergencies and reduce the likelihood of the same housing problem occurring again. If the individual is requesting assistance to maintain housing, please complete this plan and submit to the CSB Program Administrator with the Flexible Funding request. Requests with realistic, achievable plans will be considered for funding.*

Individual's Name:

Address:

Phone Number:

Support Coordinator's Name:

Phone Number:

Email:

Landlord's Name:

Company Name:

Address:

Phone Number:

Email:

Maintenance After Hours Phone Number:

Email:

### **Prevention Planning**

Here are the steps I will take to prevent a housing emergency:

- ☐ I will put \$\_\_\_\_\_ per month into an emergency rent fund (can be a checking/savings account, a fund held by family)
- ☐ I will pay my bills on time and review my household budget every month
- ☐ I will check with my landlord every three months to see if I am following the rules of my lease
- ☐ I will let my landlord know when something in my house needs to be repaired
- ☐ I will take good care of my apartment (vacuum the carpets, sweep/mop the floors, clean the sinks and toilets, dust, take out trash, etc.).
- ☐ I will keep the noise down so people can't hear what is happening in my house through the walls, floor or ceiling
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



## Emergency Planning

1. What will I do if I do not have enough money to pay my rent or utilities this month (electric, gas, water, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

2. What will I do if I do not have enough money to pay for other things this month (such as food, transportation, phone, cable, laundry, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

3. What will I do if something in my apartment breaks and I have to move temporarily until it is fixed (e.g. a few days)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

4. What will I do if I get a letter from my landlord saying I have broken the rules of my lease and I have to fix the problem or move out in 30 days?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

5. What will I do if I get a letter saying my landlord will not renew my lease for another year?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

6. What will I do if \_\_\_\_\_?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

7. What will I do if \_\_\_\_\_?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

8. What will I do if \_\_\_\_\_?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

# HOUSEHOLD SPENDING PLAN

Indicate # of people in household:

Adults \_\_\_\_\_ Children \_\_\_\_\_

			<u>FLEXIBLE EXPENSES</u>	NOW	W/HOUSE
<b><u>NET MONTHLY INCOME</u></b>	NOW	W/HOUSE	Savings		
Source 1			Groceries		
Source 2			Lunch (work/school)		
Other Income			Eating Out		
<b>Total Income (A)</b>			Entertainment/Hobbies		
			Laundry/Drycleaning		
<b><u>FIXED EXPENSES</u></b>	NOW	W/HOUSE	Cleaning Supplies		
Rent/Mortgage			Clothing		
Electric			Gasoline/Bus/Taxi		
Gas/Oil			Newspaper/Magazines		
Water/Sewer			Alcohol/Cigarettes		
Home Phone			Church/Charity		
Cell Phone			Tuition/Books		
Internet service			Barber/Beauty Shop		
Trash pickup			Auto Maintenance		
Cable			House Maintenance		
Medical Insurance			Doctor/Dentist		
Auto Insurance			Pets		
Life Insurance			Parking/Tolls		
Renters Insurance			Lottery/Bingo		
Child Support/Alimony			Lawn Care		
Child Care			Maintenance/Repairs		
Homeowners Assoc. Fees			Other		
Other			<b>Total Flexible (D)</b>		
<b>Total Fixed (B)</b>			<b><u>EXPENSES</u></b>	NOW	W/HOUSE
<b><u>DEBT PAYMENTS</u></b>	NOW	W/HOUSE	FIXED (B)		
Installment Loans			DEBT (C)		
Automobile Loan			FLEXIBLE (D)		
Credit Card Payments			<b>TOTAL EXPENSES (E)</b>		
Credit Card Payments					
Credit Card Payments			Subtract Expenses from Income (A - E):		
<b>Total Debt (C)</b>			TOTAL INCOME (A)		
			TOTAL EXPENSES (E)		
			<b>DIFFERENCE + or -</b>		

**Note:** If you have accounted for all your expenses, including savings, your difference should be \$0.00.

If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings.

If you come up with a negative number, you are spending more than you make. Review the budget thoroughly to examine where you can trim your expenses.

Applicant Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

CERTIFICATION: I hereby certify that I have reviewed the above budget with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: \_\_\_\_\_

Submit documentation for all program expenditures. Supporting documentation for requests related to obtaining housing must be submitted either with this funding request form, within 30 days of the date the individual signs a lease agreement or no later than 60 days after the date this funding request is approved. Supporting documentation for requests related to maintaining housing must be submitted either with this funding request form or no later than 60 days after the date this funding request is approved.

Supporting documentation for each funding category may include, but not be limited to, the items listed below.

Requests for Assistance to Obtain Housing

1. **Temporary Rental Assistance** – Copy of an executed lease between the eligible individual and the landlord or property manager, a copy of an invoice for the environmental modification work showing paid in full and a letter from the Support Coordinator documenting the unique circumstances in which the temporary rental assistance is needed.
2. **Housing Transition Services and Supports** –
  - a. first month's rent for individuals receiving rental assistance – a copy of the lease showing the amount of first month's rent owed, or a written statement from the landlord verifying the amount of first month's rent owed.
  - b. security deposit- a copy of an executed lease between the eligible individual and the landlord or property manager documenting the security deposit amount request/expended;
  - c. utility connection fees and deposits- a copy of bill from utility company that reflects the amount of the service fee, connection fee amount and/or utility deposit required;
  - d. moving expenses- invoice from moving company showing all expenses are paid in full; and
  - e. reasonable and essential fixture and furniture purchases- a copy of a store receipt that includes items purchased for individuals home.
  - f. Housing transition case management- A signed activity log that documents the activities completed to help an eligible individual transition into their own home or secure a roommate or a live-in aide. The Support Coordinator/Private Case Manager must also submit an invoice from the third party provider that itemizes all services being invoiced not to exceed the monthly rate of \$326.50 for up to two months.
3. **Non-Reimbursable Environmental Modifications** – a copy of an invoice from environmental modification contractor that all documenting expenses are paid in full and/or a copy of a store receipt that includes equipment purchased for individuals home or vehicle and/or a bill from the owner/landlord of the property.
4. **Non-Reimbursable Assistive Technology Improvements** – a copy of an invoice from assistive technology contractor documenting that all expenses are paid in full or a copy of a store receipt that includes equipment purchased and installed in individuals home.

5. **Temporary Support Staffing** – a copy of an invoice from support services provider showing that all expenses are paid in full. Housing locators must submit a resume with their invoices.

**Requests for Support to Maintain Housing**

In addition to this referral form and the supporting documentation listed below, Support Coordinators seeking assistance to help an individual avoid eviction and maintain housing must submit a Housing Stability Plan and Household Spending Plan to the CSB serving as the fiscal agent (see attached template).

1. **Emergency rent payment and associated late fees** - A copy of a Five Day Pay or Quit Notice from the landlord plus rent ledger showing total rent and fees owed.
2. **Last resort utility assistance** – A copy of a utility shutoff notice and bill itemizing service fees and late fees.
3. **Household management activities** – A copy of an invoice from a service contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment and supplies that were rented or purchased.
4. **Unit repairs** - A copy of an invoice from a repair contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment rented and supplies purchased.
5. **Temporary relocation** – A copy of an invoice from a hotel, motel, or other temporary residence showing dates of lodging, daily rate, total cost and total paid.
6. **Tenant support miscellaneous** – A copy of an invoice from a contractor or the landlord showing all DBHDS approved expenses are paid in full, an itemized store receipt that includes all DBHDS approved equipment and supplies that were rented or purchased, OR documentation requested by DBHDS as a condition of approving funds in this category.