Department of Mental Health & Addiction Services
Emergency Housing Assistance Fund (HAF)
Utility Assistance

The Department of Mental Health and Addiction Services (DMHAS) developed the Emergency Housing Assistance Fund (HAF) to assist participants in finding, securing, and retaining safe, decent, and affordable housing as part of their recovery. HAF funds may be used towards utilities for eligible individuals.

The referral/application process is outlined below:

1. A DMHAS provider will review applicant's appropriateness for HAF funds. This includes current or impending homelessness (or risk thereof) and engagement in DMHAS mental health and/or substance abuse services.
2. Provider staff will work with the individual to gather required documentation, including a current utility bill and/or notice of utility termination in the applicant's name.
3. Provider will submit application to ABH for processing, including faxing required documentation, and a review committee including DMHAS staff will make a determination and notify the requestor in writing within seven calendar days of receipt.
4. If approved, ABH will issue payments directly to the utility vendor on the applicant's behalf. Explanation(s) for denied applications will be noted on the response form and returned to the submitting provider. Written instructions regarding the appeal process will be provided to all parties involved. Reasons for denial may include the individual not meeting DMHAS target population requirements, receipt of an incomplete application, or HAF budget restrictions/projections.

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APPLICATION CHECKLIST

Each of these items must be faxed to ABH at (860) 471-8124.
Incomplete submissions will result in a delay in processing.
Please check each box to confirm items have been included with application.

☐ **Release of Information (page 3)** – Attach a completed, signed copy of the included Release of Information, which allows ABH to communicate with submitting agency.

☐ **Copy of current utility bill and/or notice of termination** – Attach a complete copy of the most recent utility bill and/or notice of termination. Please note that this should be in the applicant's name and the total due, payment address and account number must be clearly visible.

PLEASE NOTE: Pages 4 is to be entered on the HAF Web-based application and has been included *for reference only*.

Please direct all questions regarding HAF applications to ABH, Inc.

HAF Customer Service Phone:	**(860) 704-6978**
HAF Fax Number:	**(860) 471-8124**
ABH Office Hours:	**Monday-Friday, 8:00am-5:00pm**

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Department of Mental Health and Addiction Services (DMHAS)
Housing Assistance Fund (HAF)

Consent to Disclosure and Re-disclosure of Confidential Information and Records

I,_____ DOB: , _____
(Name of Participant) (Date of Birth)

a participant in the DMHAS Housing Assistance Fund (HAF) Program, understand my support services will be coordinated through DMHAS and the DMHAS designated Administrative Service Organization (ASO). I authorize the following individuals and organizations to release and exchange information to each other for the purpose of processing Housing Assistance Fund requests:

1. The DMHAS Administrative Service Organization; and
2. _____
   [Requesting Treatment Provider/Program]
3. _____
   [Property Owner/Manager Name]
4. _____
   [Other service provider(s)

The purpose of the disclosure authorized herein is to facilitate the provision of Housing Assistance Fund services. Information exchanged may include: my name, address, age, gender, Social Security Number, clinical assessment, progress in care, the type and outcome of mental health and addiction services I have received/am currently receiving, and such other information as is necessary to provide effective coordination of the services I receive.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and Chapter 899 of the Connecticut General Statues, and cannot be disclosed without my written consent unless otherwise provided for in the regulations or statutes. I have received a summary of the federal law protecting this information and a statement of the intended use of this information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhered to. I also understand that I may revoke this at any time except to the extent that action has been taken in reliance on it. Unless revoked by me, this consent shall expire 30 days after signature, or:

_____
[Specific date, event or condition upon which this consent expires, only if different from above]

Date: _____ _____
[Signature of Participant or Authorized Representative where required]

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Please complete and fax this form to ABH at (860) 471-8124.

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PLEASE NOTE: This page is included for reference only and will be entered in the HAF Web-based system. Do not print and fax this page to ABH.

REFERRAL SOURCE		
Agency Name:		
Street Address:		
Person Making Referral:		
Contact Information:		
	Telephone Number	Email Address

APPLICANT INFORMATION	
Name:	
Social Security Number:	
Date of Birth:	
Street Address:	
Telephone Number:	

APPLICANT DEMOGRAPHICS			
Gender:	☐ Male ☐ Female	☐ Other	☐ Prefer not to respond
Ethnicity:	☐ Hispanic	☐ Non-Hispanic	☐ Unknown
Race:	☐ White	☐ Black/African American	
	☐ Asian/Pacific Islander	☐ American Indian/Alaska Native	
	☐ Mixed or Other Race	☐ Unknown	
Marital Status:	☐ Never Married	☐ Married/Cohabitating	☐ Separated
	☐ Divorced	☐ Annulled	☐ Widowed