



Core Service Agency

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## Homeless I.D. Project

### I. POLICY

The Mental Hygiene Administration (MHA) will provide funding to the Core Service Agencies (CSA) to contract with community providers to pay the cost for Maryland birth certificates and state identification for individuals who are homeless or at imminent risk of becoming homeless, and have a mental illness or co-occurring substance use disorder. Funding may be used to pay for out of state birth certificates that are within the cost allocated. CSAs may pay the cost for one birth certificate and one state identification card per individual. CSAs may pay the cost for one duplicate birth certificate and duplicate state identification card if the individual has not received funding through the Homeless ID Project within the past 6 months.

### II. PURPOSE

The purpose of the Homeless ID Project is to assist individuals experiencing homelessness who have a mental illness or co-occurring substance use disorder with accessing behavioral health services, medical, entitlements, i.e. SSI or SSDI, or other community supports. Birth certificates and identification are often critical documentation that is needed to gain access to other services. The goal of this project is not only to provide birth certificates and identification cards but to assist individuals with accessing other support to move them from homelessness to stability.

The primary target populations are homeless individuals who have:

- Mental Illness and/or
- Co-occurring substance use disorder

For the purposes of the Homeless IDs, the presence of mental illness and substance use disorder may be determined by a community provider during the intake and assessment process or through documentation obtained by a treatment provider verifying an Axis I diagnosis of having a mental illness. Priority should be given to those with serious and persistent mental illnesses or co-occurring substance use disorders.

### III. DEFINITION OF HOMELESSNESS

This project will follow the state's operational definition of homelessness for an individual & imminent risk of becoming homeless which states:

The term "homeless individual" is defined as an individual who lacks a fixed, regular, and adequate night time residence; an individual who has a primary night time residence that is a supervised public or privately operated facility that provides temporary living accommodations; and an individual who is residing in places not designed for, or ordinarily used for a regular sleeping accommodation for human beings such as the streets, tunnels, bridges, etc. &

"Imminent risk" is defined as those individuals who are living doubled-up where the individual's name is not on the lease; an individual being evicted, within 30 days who does not have a place to move to; an individual in arrears in rent/utility payments; and an individual who is being released from an institution such as a local detention center (jail) and the person lacks housing and necessary supports to obtain housing.

#### **IV. PROCEDURE**

1-A homeless individual who has a mental illness or co-occurring substance use disorder may access funding through the Charles County Core Service Agency.

2-The homeless individual completes a self statement of his/her present homeless situation on the Documentation of Homelessness form provided. The agency, referral source or provider must submit an additional statement on agency letterhead verifying the homeless individual's present homeless episode. The agency, referral source or provider also must complete a Homeless I.D. Project request/application form and submit the completed request form to the Charles County Core Service Agency via fax at 301-609-5749.

3-Once approved for financial assistance, the agency, referral source or provider will receive a Pledge Memo indicating the number of birth certificates and/or identifications and the amount approved.

**Maryland Birth Certificates:** The individual can apply in person for the birth certificate at the Charles County Health Department by presenting the Pledge Memo at the help desk. If the individual chooses to request the birth certificate online, the agency/referral source/provider will be required to pay the fee and submit an invoice to the Charles County CSA for reimbursement.

**Out of State Birth Certificates:** If the individual needs to request the birth certificate from another state, the agency/referral source/provider will be required to pay the fee and submit an invoice to the Charles County CSA for reimbursement.

**Maryland Identification:** If the individual needs a Maryland Identification, the agency/referral source/provider will be required to pay the fee and submit an invoice to the Charles County CSA for reimbursement.



# MARYLAND HOMELESS I.D. PROJECT

## Documentation of Homelessness

Please use the following space to describe the applicant's current living situation. If the applicant is currently in the detention center, please describe their living situation prior to incarceration. If the applicant is currently residing in a shelter, transitional housing program, or other temporary housing facility additional documentation of homelessness, i.e. letter on agency letterhead must be included with this form.

**Self-Verification (Brief statement from client saying he/she is homeless or at-risk of losing his/her housing):**

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**(Please ask the Applicant these questions):**

1. Where do you typically stay at night? \_\_\_\_\_

2. Do you know the name of the shelter or housing program where you stay?

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3. Do you work with any of the outreach teams or case management programs? If Yes, do you know the name of the agency or the worker you see?

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**I certify that the information provided regarding my homeless status is accurate and true.**

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

**Signed:** \_\_\_\_\_ (Applicant)

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

**Witness:** \_\_\_\_\_

Request # \_\_\_\_\_

**BEHAVIORAL HEALTH ADMINISTRATION**  
**Homeless I.D. Project FY 2016 APPLICATION/ INTAKE**

Client Information:

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone number: \_\_\_\_\_

Client MA #, Gray Zone # or Medicare #: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Living Situation:  Emergency Shelter  Transitional Housing  Hospital  Hotel/Motel  
 Jail  Street, Park, Car, Bus Station, Bridge, etc.  Living with Relatives/Friends

Other: \_\_\_\_\_

Zip Code of Last residence: \_\_\_\_\_ Chronically Homeless:  Yes  No

Housing Status:  Literally Homeless  Imminently Losing Housing

Veteran:  Yes  No Gender:  Male  Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Disability: Mental Illness \_\_\_\_\_ Co-occurring \_\_\_\_\_

Person completing form: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Documentation of Homelessness Received:  Yes  No

\*CSA will maintain file applications

**Request:** (Please check all that apply)

State Identification Card (\$24.00 Maximum)

Birth Certificate (Please indicate if Birth Certificate is from a state other than Maryland) (\$50.00 Maximum)

**CSA Making the Request:** \_\_\_\_\_

Requesting CSA has verified that this is not a duplicate request for funding for this individual within the past 6 months:  Yes  No \*Note: There is a **maximum of 2** IDs or Birth Certificates

Check payee: \_\_\_\_\_ Phone #: \_\_\_\_\_

Payee address: \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_ **Account # if applicable:** \_\_\_\_\_

Total Cost: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Amount Approved by CSA: \_\_\_\_\_

(For CSA use Only)

\_\_\_\_\_  
Approved CSA Director or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSA Fiscal Officer

\_\_\_\_\_  
Date

Approved YTD \_\_\_\_\_  
revised 1/01/15 syb