



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BEHAVIORAL HEALTH ADMINISTRATION
**OFFICE OF ADULT and SPECIALIZED
BEHAVIORAL HEALTH SERVICES**

Spring Grove Hospital Center
Mental Hygiene Administration- Dix Building
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Homeless I.D. Project

I. POLICY

The Behavioral Health Administration (BHA) 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 or
- Co-occurring mental illness and a 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. Priority should be given to those with serious and persistent mental illnesses or co-occurring mental illness and substance use disorders. Minor children in the care of a qualifying adult that meets the homeless and disability criteria, as noted earlier, are eligible for birth certificates through the Homeless ID project. In addition unaccompanied youth ages 14 and over are eligible for birth certificates and identification cards.



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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. and

"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 lead CSA administering the Homeless ID Project or the designated community providers in the region. The lead CSAs are specified in Section V.
- 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 also must complete a Homeless I.D. Project request/application form and submit the completed request form to the designated Lead CSA via fax.
- 3-Payment of birth certificates and IDs will be made based on a regionally determined process and approval by the CSA Director and CSA Fiscal Officer.
- 4-The CSA will submit a monthly report to BHA by the 10th of each month on the Homeless ID Monthly Reporting Form.



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):

(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?

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?

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 2019 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 Operating Officer

Date

Approved YTD _____
revised 1/01/15 syb