811 Housing Referral Form

Cities Interested In:	☐ Kalispell ☐ Ronan
Name of Applicant:	
Applicant Current Address:	
Applicant Phone Number:	
DOB:	
Age of Applicant:	(If applicant is 62 or older, they are not eligible. Do not submit a referral.)
Number of members in the household:	
Total Annual Household Income:	
Race:	
Ethnicity:	
Disability:	☐ Physical ☐ Mental/Emotional Health ☐ Intellectual ☐ Developmental
Is the applicant eligible to receive community-based long term services?	☐ Yes ☐ No
Select one and only one of the following:	☐ Homeless ☐ At Risk of Homelessness ☐ Institutionalized ☐ At Risk of Institutionalization ☐ Left Group Home ☐ Left Foster Care
Reasonable Accomodations Needed:	

Definition: A reasonable accommodation is an adujstment made to a rule, policy, practice, or service that allows a person with a disability to have equal access to the program/property. For example, reasonable accommodations may include making home visits, extending the voucher term, or approving an exception payment standard in order, allowing a service or assistance animal on a property that has a no pet policy, having an extra bedroom for a live-in aide or excessive medical equipment. Federal regulations stiplate that requests for accommodations will be considered reasonable if they do not create an "undue financial and administrative burden" for the PHA or the property or result in a "fundamental alteration" in the nature of the propram or service offered. A fundamental alteration is a modification that alters the essential nature of a provider's operations.

Bedroom Size Required:	
If applicant is a single person and they are requesting a second bedroom, you must indicate the reason for the second bedroom in the "reasonable accommodation" box above.	
Does the applicant require a fully accessible unit? Please describe accessibility features required if a fully accessible unit is not needed. I.e.: walk-in shower with grab bars	
If <u>NO</u> Elevator:	☐ Upstairs ☐ Downstairs ☐ No Preference
Additional Information: Please use this area to list any information the landlord or housing staff may find useful.	

Who is filling out this form (print name)	Agency or Affiliation	Signature	Date

Fax or email this form to Kelsey Stewart at (406) 841-2810 or kelsey.stewart@mt.gov