



**Program:** Coastal Support Services will pay \$500 in supplemental rental assistance to help ease the burden of a mental health crisis for 3 months. The purpose of this program is for homelessness prevention due to a mental health crisis.

**Criteria:** Clients Must

- 1) Be an IHN member
- 2) Complete Intake Process for Case Management and Adult Mental Health Peer Support.
- 3) Present letter or lease agreement signed by landlord verifying the amount of rent owed per month. If the client is paying rent for the space, we can assist with the cost. This includes those who are renting rooms.
- 4) Agree and adhere to all program requirements.
- 5) Present letter or work agreement signed by employer verifying current employment.

**Program Requirements:**

- Clients must start the process of getting connected to a therapist through Lincoln County Mental Health OR the Better Help program through Coastal Support Services within 30 days of program entry and must remain in therapy for the duration of the rental assistance support.
- If a client has a mental health diagnosis on record that requires medication, client must start medication again and take as directed within 30 days of program entry for the duration of the rental assistance program.
- Clients must agree to participate in Outpatient Treatment program if addiction is a factor to their mental health crisis.
- Client must agree to check-in with Peer Support Specialist 3 days per week including but not limited to an in-person check-in, a phone call or completing volunteer hours.
- If the client has substance use disorder and requires detox, the client must agree to remain clean and sober after detox during the length of program participation.



Client Application

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date funds are needed by: \_\_\_\_\_

Current address: \_\_\_\_\_

Current landlord name and contact phone number: \_\_\_\_\_

Monthly rental amount: \_\_\_\_\_

Please circle one: House Apartment Room Rental RV Space Other

If Other, please explain: \_\_\_\_\_

Current employer and contact phone number: \_\_\_\_\_

Number of scheduled hours per week: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Valid contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Veteran; Circle One Not Veteran Army Marines Navy Air Force

Tribal Affiliation, Circle One Yes No

Events leading up to Mental Health Crisis: **Please make sure to include dates of things that happened including the mental health breaking point.**

Multiple horizontal lines for text entry.



**COASTAL SUPPORT SERVICES RENTAL ASSISTANCE PROGRAM**

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**Please make sure to include ALL check-list documents with the application. Failure to do so will result in an incomplete application and will be thrown away.**

	Letter or lease agreement from current landlord stating monthly rent amount
	Letter or work agreement verifying the number of scheduled hours worked per month
	Most recent pay-stub to show hourly wage amount
	Client agreement signed and initialed at all required places
	Full Registration into the CSS Adult Mental Health Peer Support Program

**Office Use Only**

CSS Staff: \_\_\_\_\_ Application Approved; Circle One Yes No

Reason: \_\_\_\_\_

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Date of Approval: \_\_\_\_\_

**If client does not adhere to program policies, please document when the program was terminated for the client.**

**Date of program termination:** \_\_\_\_\_



### Client Agreement

Please read agreement below and initial at each line so that we know that you understand what is being asked of you.

I \_\_\_\_\_ understand that in order to participate in the Coastal Support Services Rental Assistance Program that I must agree and sign to the following:

- I understand that I have 1 month to either get connected to a local therapist or get reconnected to Better Help virtual therapy to see the therapist 2-4 times monthly.  
\_\_\_\_\_
- I understand that I have 1 month to start my mental health medication if its needed for me to become financially independent. \_\_\_\_\_
- I understand and agree that I am required to check in with my Peer Support Specialist 3 days a week including but not limited to, an in-person check-in, a phone call or text, and completing volunteer hours at the Coastal Support Services Navigation Center.  
\_\_\_\_\_
- I understand and agree to remain clean and sober during the length of my program participation. Furthermore, I understand and agree that I may be asked to provide a random UA should I exhibit suspicious behavior. \_\_\_\_\_
- I understand and agree to get connected to an Outpatient Treatment Program if addiction is a factor to my mental health crisis. \_\_\_\_\_

Client Name, Printed	Client Name, Signature	Date
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CSS Staff Name, Printed	CSS Staff Name, Signature	Date
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