

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH (DMH)  
&  
MISSISSIPPI HOME CORPORATION (MHC)  
*MAOI Housing Referrals*

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TO: Community Mental Health Centers; State Hospitals; Affordable Housing/MAOI Property Managers

FROM: Mississippi Department of Mental Health and Mississippi Home Corporation

SUBJECT: **PROGRAM Memo - *Eligible MAOI Applicants and Updated Referral Process***

DATE: June 28, 2023

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The Mississippi Affirmative Olmstead Initiative (MAOI) has resulted in more than 400 tax credit housing units across the state being designated as targeting individuals diagnosed with a Serious Mental Illness (SMI). MAOI may provide rental assistance to make housing affordable for individuals with a SMI. To qualify as a person targeted by the Mississippi Affirmative Olmstead Initiative, the individual must have a letter from the Community Mental Health Center (CMHC) or other physician confirming a SMI diagnosis. See attached map for locations of where these units are across the state.

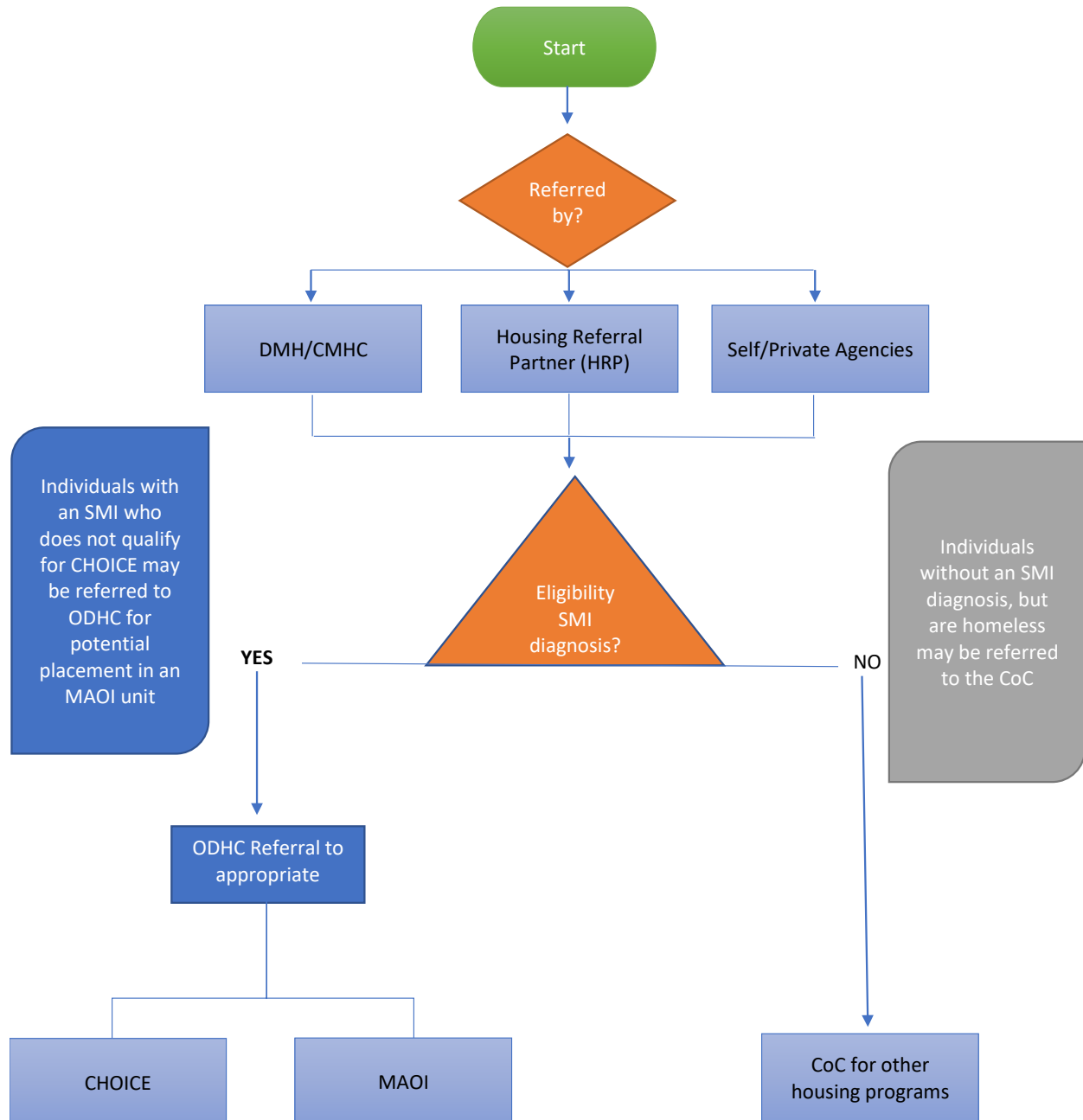
DMH and MHC strongly encourage you to make referrals to MAOI to improve access to supported housing for Mississippians who have a SMI. **Making a referral:**

MAOI housing referrals can be made by (i) State Hospitals, (ii) CMHCs, (iii) self-referral, or (iv) other agencies including hospitals with psychiatric unit. MAOI referrals can be made directly to Open Doors Homeless Coalition who will work with the Housing Referral Partnering (HRP) agencies to house eligible applicants.

- 1) All referrals can be submitted **via a secured email** to [choice.referral@mshc.com](mailto:choice.referral@mshc.com) for Open Doors Homeless Coalition (ODHC) and MHC using the attached form. Applicants and providers can contact ODHC and MHC to check on referral status.
- 2) Approved applicants will be connected to an MAOI unit through ODHC and identified Housing Resource Provider (HRP) agency in their region.
- 3) The selected HRP will house qualified applicants with available MAOI properties or with private landlords.

Should you have any questions upon your review of the instructions in this memo, please contact Tamara Stewart at [tamara.stewart@mhc.com](mailto:tamara.stewart@mhc.com), Sharunda Chapman at [Sharunda.chapman@mshc.com](mailto:Sharunda.chapman@mshc.com), at the Mississippi Home Corporation, or Brittney Shelby at [stephanie.berry@dmh.ms.gov](mailto:stephanie.berry@dmh.ms.gov) at the Mississippi Department of Mental Health.

## MAOI Referrals





## MISSISSIPPI HOME CORPORATION CHOICE REFERRAL FORM

CHOICE provides rental assistance to individuals with a serious mental illness (SMI). This form may be used to refer eligible applicants to a participating agency for housing assistance.

Seeking housing services with: ☐ MAOI ☐ CHOICE ☐ MAOI and CHOICE

### APPLICANT INFORMATION

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Medicaid: ☐ Yes ☐ No Income: ☐ Yes ☐ No

Current Location (hospital, nursing home, homeless shelter, etc.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ (current location)

Veteran Status: Have you ever served in the Military? ☐ Yes ☐ No

### ELIGIBLE APPLICANTS

Eligible applicants are individuals with a serious mental illness who are unstably housed and meet one of the below criteria. Select which one applies:

- ☐ Are being discharged from a state psychiatric hospital after a stay of more than 90 days; or nursing facility, or intermediate care facility for individuals with intellectual disabilities after a stay of more than 90 days; or
- ☐ Have been discharged from a state psychiatric hospital within the last two years; or
- ☐ Lack a fixed, regular adequate nighttime residence.

### REFERRAL SOURCE

- |   |  |
|---|--|
| <input type="checkbox"/> State Mental Health Hospital         | <input type="checkbox"/> Prevention/Intervention Service         |
| <input type="checkbox"/> Behavioral Health Treatment          | <input type="checkbox"/> Self/Family/Other                       |
| <input type="checkbox"/> Criminal Justice                     | <input type="checkbox"/> Skilled Nursing Facility (Nursing Home) |
| <input type="checkbox"/> Employer/Educational/Special Service | <input type="checkbox"/> Social Services/ DHS                    |
| <input type="checkbox"/> Health Care Services                 | <input type="checkbox"/> Private Psychiatric Center              |
| <input type="checkbox"/> Health Home Care Coordination        | <input type="checkbox"/> Veteran Centers                         |
| <input type="checkbox"/> Homeless Shelter                     | <input type="checkbox"/> Other: _____                            |

**REQUIRED INFORMATION**

(a) The following documents will be required to determine eligibility:

- Proof of SMI Diagnosis
- Verification of current living situation
- Affirmation that the individual can live independently
- Income Verification
- Identification (if available)

(b) Written Referral Statement. Describe the applicant's diagnosis and reason for referral.

(c) Select the county the applicant wishes to live: \_\_\_\_\_

**REFERRING AGENCY** *(Leave this section blank if self-referred)*

Referring Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Please email all CHOICE referrals to [choice.referral@mshc.com](mailto:choice.referral@mshc.com). All referrals will be assessed by Open Doors Homeless Coalition. Eligible applicants will be routed to a housing referral partner serving the applicant's location.

