

# 811 PRA Program Referral Form

Please return this form by email, fax, or mail to: Beth Todd  
**Email:** [beth@sdhda.org](mailto:beth@sdhda.org)      **Fax:** 605-773-5154  
**Mail:** SDHDA, PO Box 1237, Pierre, SD 57501

FOR SDHDA USE ONLY

Date Rcv'd:  
 Time Rcv'd:  
 Rcv'd By:

<b>Applicant Name:</b>					
<b>Current Address:</b>					
<b>Case Management Agency:</b>					
<b>CFCM/FS Coordinator Name:</b>	<b>Phone:</b>				
<b>Email:</b>					
<b>Service Provider Agency:</b>					
<b>Direct Support Staff Name:</b>	<b>Phone:</b>				
<b>Email:</b>					
<b>First Preference Location (select only one):</b>	<b>Second Preference Location (select only one, or skip):</b>				
<b>If there is a city not listed here that you would be interested in living in, please let us know:</b>					
<b>Accessibility Needs (select all that apply):</b> Mobility      Vision      Hearing Other – Explain:	<b>Disability Type (select all that apply):</b> Developmental/Intellectual      Physical      Mental Other – Explain:				
<b>Current Housing Situation (select only <u>one</u>):</b>	<b>Referral Source (select only <u>one</u>):</b>				
Other - Explain:	Other - Explain:				
<b>Which HCBS Waiver, or similar Program are you currently receiving supports from? (select only <u>one</u>)</b>					
Other – Explain:					
<b>By checking the box below, I certify that the Applicant and all other individuals involved in their care and support, including legal guardians and/or other family members as applicable, have been informed of and consent to the decision to apply for this housing program.</b>					
<b>Name of Individual Making This Certification:</b>					
<b>Please submit the following documents with this referral form:</b>  Clear copy of Photo ID showing date of birth Proof of Monthly Income (copy of current SSA/SSI Benefit Letter; four current, consecutive check stubs, etc.) Disability Verification Form completed by CFCM (Attachment A)	<p style="text-align: center; margin: 0;"><u>FOR SDHDA USE ONLY</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><b>Eligible?</b></td> <td style="text-align: center;"><b>Yes</b></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>No</b></td> </tr> </table> <p><b>Ineligibility Code(s):</b></p>	<b>Eligible?</b>	<b>Yes</b>		<b>No</b>
<b>Eligible?</b>	<b>Yes</b>				
	<b>No</b>				
*If you are unable to provide one or more of these documents, please contact Beth Todd at <a href="mailto:beth@sdhda.org">beth@sdhda.org</a> or call 605-773-2463 as there may be alternative documents that can be used.					

## ELIGIBILITY REQUIREMENTS

**Applicant must meet all of the following eligibility requirements for the 811 PRA Program, and these factors will need to be independently verified prior to being placed on the Waitlist.**

- 1) Has an intellectual or developmental disability as defined in Section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 15002(8)) (see Attachment A below);
- 2) Has total household income at or below 30% of the Area Median Income for the county in which they wish to reside (see chart below);
- 3) Is eligible for community-based, long-term services and supports under South Dakota's plan for medical assistance under Title XIX of the Social Security Act, or other comparable federal, state or local program;
- 4) Is at least 18 years of age, but not older than 62;
- 5) Household cannot contain any family members who are subject to a lifetime sex-offender registration requirement.

### Income Limit Requirements

The total Gross Annual Income for the household may not exceed these amounts. Income limits are established and published by HUD on an annual basis, generally released in April of each year. These limits are effective as of April 1, 2020.

County	1 Household Member	2 Household Members	3 Household Members
Beadle (Huron)	\$15,400	\$17,600	\$21,720
Hughes (Pierre)	\$20,150	\$23,000	\$25,900
Minnehaha (Sioux Falls)	\$18,100	\$20,700	\$23,300
Pennington (Rapid City)	\$16,000	\$18,250	\$21,720
Yankton (Yankton)	\$15,400	\$17,600	\$21,720

**What counts as Income? All of the following sources must be included when determining the applicant's Annual Income:**

- \* Wages from employment (we'll need the 4 most current, consecutive check stubs as verification)
- \* Benefits paid by Social Security, SSI, VA ~~67777~~ or any other award source or pension plan (we'll need a dated copy of a current - less than 120 days old - Award Letter ~~677~~)
- \* Regular contributions from family, friends or service agencies - Examples: If a family member pays \$100/m for insurance and \$50/m for gas for a car that is driven by the applicant, this would be \$1800 Annual Income for the applicant. If a local church provides a basket of cleaning supplies and hygiene products valued at \$50 to the applicant every month, this would be \$600 Annual Income. The only exceptions to this rule are food and medical bills. If actual food is given (3 bags of groceries each week), the value of the food is not counted. However, if someone gives the applicant/tenant \$50 to buy groceries each week, this amount would be counted. If someone outside the applicant/tenant's household is paying for their medical bills, this is not counted as income, but it also cannot be counted as a medical expense deduction, as it is not being paid for out of pocket by the applicant/tenant.
- \* Interest and dividends earned on bank accounts, retirement accounts or investments (stock, trust funds, 401k, CD's, etc.)
- \* Rental Income (Example: If a resident owns a home in another state and is renting it out for \$600/m, this would be \$7200 Annual Income)

**If you aren't sure whether a specific type of income should be counted or not, please contact Beth at 605-773-2463.**

**Applicant/Tenant Name:**

**Does this individual meet the following definition?**

1.  YES     NO

Is a person with a developmental disability, as defined in Section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment, or combination of mental and physical impairments, and;
- b. Is manifested before the person attains age 22, and;
- c. Is likely to continue indefinitely, and;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity (*check all that apply*):
  - (1)  Self-care,
  - (2)  Receptive and expressive language,
  - (3)  Learning,
  - (4)  Mobility,
  - (5)  Self-direction,
  - (6)  Capacity for independent living,
  - (7)  Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

I certify that the individual named above has been evaluated by the medical or mental health agency stated below, and has been determined to meet the definition of a developmental disability as provided above.

**Printed Name & Title of Certifier**

**Date**

**Firm/Organization Name**

**Name of Medical or Mental Health Agency Responsible for Conducting Evaluation**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

