



Residential State Supplement (RSS) Program Application

Is the Applicant: (check the appropriate box)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Age 18 or above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Enrolled in Medicaid (<u>not</u> a waiver program)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Receiving Social Security, SSI, and/or SSDI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Preparing for discharge from a nursing home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE NOTE: The answers to all of the above questions must be "YES" for the applicant to be considered for the RSS Program.

Applicant Name: (Last, First)	Date Submitted:	
SSN:	DOB:	Age:

Referral Source Name:		County of Referral:	
Relationship to Applicant:		Referral Source Phone/Fax:	
Nursing Home Name:		Nursing Home Address:	
Nursing Home Contact Name (if different than Referral Source):		Nursing Home Phone/Fax:	

1. Does the applicant have a Legal Guardian? Yes No
If YES, please list the following:

Name:	Address:	Phone/Fax:
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2. Does the applicant have a Representative Payee? Yes No
If YES, please list the following:

Name:	Address:	Phone/Fax:
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3. Which RSS-Eligible Community Residence has been selected by the applicant?
Please refer to updated listings on the RSS webpage.

Home/Facility Name:	Home/Facility Operator Name:
County:	Address:
Phone/Fax:	Move-In Date:



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4. Does the applicant have a primary diagnosis of the following (*please list*):

- a. Mental Illness _____
- b. Developmental Disability _____
- c. Physical Disability _____

5. Does the applicant need Community-Based Case Management Services? Yes No
If YES, please list from which service systems the applicant currently receives case management:

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Aging	<input type="checkbox"/> MR/DD	<input type="checkbox"/> Other
Agency Name:	Agency Name:	Agency Name:	Agency Name:
Case Manager Name:	Case Manager Name:	Case Manager Name:	Case Manager Name:
Phone:	Phone:	Phone:	Phone:

Please fax the following documentation to 1-614-485-9747 to complete the RSS application:

- Confidential Fax Cover Sheet
- RSS Application Form
- RSS Authorization for Release of Information
- ODJFS Form 07120
- Proof of Legal Guardianship (if applicable)

*All forms are available on the RSS webpage at: <http://www.mh.state.oh.us/what-we-do/promote/consumer-supports/housing/residential-state-supplement.shtml>.

For information or assistance with completing the application, please contact the RSS Administrator via email at RSS@mh.ohio.gov or call toll-free at 1-855-RSS-ODMH [777-6364].