



Residential State Supplement (RSS) Program Application



Applicant Name (Last, First)		Date Submitted	
SSN		DOB	
Referral Source Name/Organization		County of Referral	
Relationship to Applicant		Referral Source Phone/Fax/Email	

1) Is the Applicant: (check the appropriate boxes)

- a) Age 18 or older? Yes No
- b) Enrolled in Medicaid (not a waiver program)? Yes No
- c) Currently receiving Social Security, SSI, and/or SSDI? Yes No
- d) Currently residing or receiving treatment in a(n) ...
- Nursing Home
 Hospital
 Adult Care Facility or Foster Home
 Other (please describe) _____

2) Where is the applicant currently residing or receiving treatment?

Name of Residence/ Treatment Setting		Address	
Contact Name		Phone/Email	

3) Does the applicant have a Legal Guardian? Yes No

If Yes, please list below:

Name/Organization	Address	Phone/Fax/Email

4) Will/Does the applicant have a Representative Payee in the community? Yes No

If Yes, please list below (do not indicate the nursing home):

Name/Organization	Address	Phone/Fax/Email



Residential State Supplement (RSS) Program Application



5) Which RSS-Eligible Community Residence has been selected by the applicant or is where the applicant is currently living?
(Please refer to updated listing on the RSS webpage at mha.ohio.gov/rss.)

Community Residence Name		Address	
County		Scheduled Move Date (if applicable)	
Contact Name		Phone/Email	

6) Does the applicant have a diagnosis of the following? Yes No

If YES, please list below:

a) Mental Illness	
b) Alcohol and Other Drug (AOD) Disorder	
c) Developmental/Intellectual Disability	
d) Physical Disability	

7) Does the applicant need Community-Based Services? Yes No

If YES, please indicate from which local providers the applicant currently receives or has applied for services:

	Agency Name	Case Manager Name	Phone	Email
<input type="checkbox"/> Aging				
<input type="checkbox"/> AOD				
<input type="checkbox"/> Mental Health				
<input type="checkbox"/> Developmental/Intellectual Disability				
<input type="checkbox"/> Other				

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

- | | |
|---|--|
| <input type="checkbox"/> Confidential Fax Cover Sheet | <input type="checkbox"/> RSS Program Application |
| <input type="checkbox"/> RSS Authorization for Release of Information | <input type="checkbox"/> ODJFS 07120 Form |
| <input type="checkbox"/> Proof of Legal Guardianship (if applicable) | |

*** Only completed applications submitted correctly will be reviewed. All forms & instructions are available on the RSS webpage at mha.ohio.gov/rss**