

To submit this form, please mail it to the NDHFA Opening Doors Program Administrator at PO Box 1535 Bismarck ND 58502 or email to hfainfo@nd.gov. Attn: NDHFA Opening Doors Program Administrator.

PART 1. GENERAL AGENCY INFORMATION

Applicant Organization			
Program Name (If Applicable)			
Person Completing Application			Date
Agency's Contact Person for Opening Doors			
Telephone Number		Email Address	
Address	City	State	Zip Code

PART 2. MINIMUM REQUIREMENTS FOR PCCAs

Please indicate whether your agency and your approved case managers are able to provide the following required services as part of Opening Doors.

Able to Provide		Agency Responsibility
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Designate one point of contact to oversee Opening Doors participation.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Submit and maintain an active listing of authorized providers who are responsible for client communication and supports as well as landlord relations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ensure authorized providers understand the requirements and expectations of the Opening Doors Program.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participate in Opening Doors meetings and trainings.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ensure client meets all the Opening Doors eligibility criteria before referring: <ul style="list-style-type: none"> • Enrolled or eligible to enroll in Medicaid or Medicaid Expansion. • Have an intellectual, developmental, physical, aging-related or behavioral health condition or be a youth exiting the foster care system. • Have a housing barrier that disqualifies the applicant under ordinary rental criteria. • Willing to actively participate in support services.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Before referring a client, work closely with the client on preliminary background screening and individualized goal plan and development to address the issues that led to their barriers to access and retain housing.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work with the client to submit an application for participation in Opening Doors.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assist client in searching and applying for suitable housing.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide assistance in accessing housing assistance such as rental assistance or move in assistance that is available through local resources.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participate in move-in inspections with client and landlord and assist in the completion of the Move-In Condition Report.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Review lease agreements with the client to ensure they fully understand tenancy responsibilities.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide quarterly in-home visits to review tenancy maintenance, coordinate and refer to other community services as needed, and assess individual goal planning.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Act as point of contact for the landlord for concerns that require immediate attention.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Maintain documentation and provide to NDHFA the following: <ul style="list-style-type: none"> • A copy of lease agreement within two weeks of the signing date. • A copy of Move-in Condition Report. • Landlord contact information.

		<ul style="list-style-type: none"> • Types of services accessed by the client while in Opening Doors Program. • Details of extraordinary interventions that were necessary to maintaining tenancy if applicable. • At the end of Opening Doors coverage, participate in and submit a Final Inspection Report of the unit. • Provide details on the housing outcome of client immediately following coverage period.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Immediate notification to NDHFA if a client refuses to continue participating in supportive services, if a client's service provider changes, or if the PCCA is no longer able to provide services to the client.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Coordination and contact with NDHFA regarding any potential claims.

If you answered “**No**” to any of the minimum requirements in Part 2, please explain the circumstances in greater detail.

PART 3 IN DEPTH QUESTIONS

What is your agency's primary interest in participating in Opening Doors?

Identify the population that your agency would like to be served through Opening Doors, including their characteristics and primary housing barriers.

Describe the supportive services that your agency provides. Include information on the typical frequency of client contacts and case load. How might the support services you provide be different for the clients you support through Opening Doors?

Describe the training/education that your agency or another agency currently provides to your clients related to rental responsibilities and money management.

How many clients does your agency help to place in permanent housing each year?

What assistance does your agency currently provide to help clients with screening fees, security deposits and other move-in costs, and eviction prevention assistance? What resources do you use?

What assistance do you currently provide to help place clients in permanent housing and help them to be successful in permanent housing (ex: housing search assistance, etc.)?

What is your agency's current capacity to provide rental subsidies/assistance for your clients?

How many clients are receiving rental assistance through your agency this year?

How long does the rental assistance last for (short-term versus long-term)?

What are the funding sources for this rental assistance?

PART 4. AGENCY CERTIFICATION

By signing below the Agency confirms that all of the information provided above is true and correct.

Agency understands that all of the responsibilities contained in Section 2 are the minimum responsibilities for an agency to participate in and refer clients for housing through Opening Doors. Agency understands that it may not refer clients to Opening Doors or represent itself as an Opening doors Participating Care Coordination Agency until NDHFA has notified Agency of its approval as a PCCA. If at any time Agency becomes unable to provide the services listed in Section 2 above, then Agency shall immediately notify NDHFA. Agency's inability or failure to meet the responsibilities detailed in Section 2 may result in Agency's disqualification as a PCCA. Disqualified agencies may not refer clients for coverage through Opening Doors.

Name of Authorized Representative

Agency Name

Date

FOR OFFICE USE ONLY

Date Application for Approval Was Received

☐ Fax

☐ Mail

☐ Email

☐ Approved as Opening Doors PCCA Effective

Date Notified

☐ Not Approved as Opening Doors PCCA

Date Notified

Comments

NDHFA Program Administrator

Date