



Georgia Money Follows the Person Referral Letter for the Decatur Housing Authority Housing Choice Voucher Program



Georgia Department of Community Health • Medicaid Division • Money Follows the Person
Two Peachtree Street, NW • 37th Floor • Atlanta, GA 30303 • 404-651-9961

Date of Referral Letter Submission: _____

This letter serves as official correspondence for the MFP direct referral process for the Decatur Housing Authority (DHA), *Housing Choice Voucher Program*.

The MFP participant (print name), _____, is being referred for application to the DHA *Housing Choice Voucher Program* by the MFP Transition Coordinator (TC print name), _____.

The Decatur Housing Authority has entered into an agreement to assist MFP participants with a rental assistance voucher upon approval of the DHA *Application for Housing Choice Voucher Rental Assistance*. The Department of Community Health in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Department of Human Services, Division of Aging Services (DHS/DAS) will provide the MFP participant with MFP transition services, Medicaid Home and Community services (waiver services) and State Plan services for which they are eligible and that are appropriate to meet their needs, including non-Medicaid federally funded services, state funded programs and local community funded services. DCH and Decatur Housing Authority, Housing Choice Voucher Program will collaborate to ensure that the MFP participant has the best opportunity for successful outcomes in the community.

The MFP participant/family has been screened, selected and referred by the MFP Facilitator and is hereby requesting an application for participation in the *DHA Housing Choice Voucher Program* in Dekalb county. The MFP participant's screening is complete. The participant's ITP is in the process of being completed with an anticipated discharge date of: _____.

MFP Participant Information (Print)

First Name: _____ MI: _____ Last Name: _____

Medicaid ID#: _____ SSN: _____ -- _____ -- _____

in Household (include PCA if applicable) _____

Signature of MFP Participant Requesting Application _____

By signing, I understand and agree to the terms and expectations set forth in this official MFP referral for the *DHA Housing Choice Voucher Program*. Based on this official correspondence, I am hereby requesting a *DHA Application for Housing Choice Rental Assistance* for the number of household members listed above.

MFP Facilitator Information

Note: the *Application for Housing Choice Rental Assistance* will be mailed to designated MFP facilitator (TC, OC, CE, PLA). When the MFP facilitator receives the Housing Choice Voucher Application packet, **she/he and MFP participant have 14 business days to complete and mail the application back to Decatur Housing Authority**, to the person at DHA the application was mailed from.

MFP Facilitator Contact (Print) (address for all correspondence)

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip Code: _____

Note: Complete and send this MFP referral letter to the DCH/MFP office by secure email to gamp@dch.ga.gov, by File Transfer Protocol or by mail to:

MFP Housing Manger, Money Follows the Person
DCH, 2 Peachtree Street NW, 37th Floor, Atlanta, Georgia 30303
(404) 651-9961