

**WISCONSIN MEDICAID AND BADGERCARE PLUS
1915(i) HOUSING SUPPORT SERVICES ELIGIBILITY
EVALUATION AND NEEDS ASSESSMENT**

INSTRUCTIONS: Type or print clearly. Refer to the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment Instructions, F-03274A, for more information.

SECTION I – SUPPORTIVE HOUSING AGENCY INFORMATION

1. Name – Supportive Housing Agency

2. Name – Supportive Housing Agency Staff Member

3. Address – Supportive Housing Agency (Street, City, State, Zip+4 Code)

4. Phone Number – Supportive Housing Agency or Staff Member

5. Email – Supportive Housing Agency or Staff Member

SECTION II – MEMBER INFORMATION

6. Name – Member (Last Name, First Name, Middle Initial)

7. Member Medicaid ID or Social Security Number

8. Date of Birth – Member (Member must be 18 or older.)

9. Is this an initial assessment or reassessment?

☐ Initial Assessment

☐ Reassessment

SECTION III – MEMBER ELIGIBILITY AND NEEDS ASSESSMENT INFORMATION

10. To be eligible for housing support services, the member must meet the criteria for one of the United States Department of Housing and Urban Development (HUD) four categories of homelessness. Check which category the member qualifies under.

☐ Category 1: Literally homeless

☐ Category 2: Imminent risk of becoming homeless

☐ Category 3: Homeless under other federal statutes

☐ Category 4: Fleeing or attempting to flee domestic violence

If none of the categories apply, check the box below.

☐ The member does not meet criteria for any of the HUD-defined categories of homelessness.

Note: Documentation and record-keeping requirements of homelessness must align with the definitions outlined in 42 U.S.C. § 11302. As with other homeless assistance programs, documentation may include third-party verification, staff observation, or self-certification.



11. To be eligible for housing support services, the member must have an identified behavioral health need. Check all that apply.

- ☐ The member has concerns or issues regarding their mental health.
- ☐ The member has concerns about their drinking or substance use.
- ☐ The member has felt that they should cut down on their drinking or substance use.

If none of the categories apply, check the box below.

- ☐ The member has no behavioral health need identified.

12. To be eligible for housing support services, the member must need assistance with at least two instrumental activities of daily living (IADLs). Check all areas that the member needs assistance with.

- ☐ Coordinating Health Care Needs or Services
- ☐ Coordinating Transportation
- ☐ Maintaining Housing Stability
- ☐ Making Decisions
- ☐ Managing Behavioral Health Symptoms
- ☐ Managing Finances
- ☐ Managing Medication
- ☐ Managing Substance Use Related Needs

If none of the categories apply, check the box below.

- ☐ The member does not need assistance with any IADLs.

SECTION IV – MEMBER ELIGIBILITY FOR RELOCATION SUPPORTS

13. Will the member be leaving a provider-operated setting? ☐ Yes ☐ No

SECTION V – MEMBER STRENGTHS AND NEEDS

14. Check the appropriate boxes to indicate which of the following activities the member needs help with to find and sustain housing.

- ☐ Communicating Their Wants and Needs
 - ☐ Mobility
 - ☐ Reading and Writing
 - ☐ Transportation
 - ☐ Other: .
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15. Enter the member's description of their own strengths and resources.

SECTION VI – SIGNATURE

16. SIGNATURE – Supportive Housing Agency Staff Member	17. Date Signed
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