

SA/IH PROGRAM INTERAGENCY COMMUNICATION FORM
For DHHS Approved Supported Housing Slots
IMC to LME Regarding Income Verification or SA/IH Eligibility

FROM: SA IMC _____ (NAME) DATE: _____
_____ County DSS SA IMC Email _____

SA IMC Phone _____

Purpose of Communication:

CASE NAME: _____ SA/IH AUTHORIZATION #: _____

SA/IH ELIGIBLE: YES NO

FL-2 NEEDED: YES NO

Verification of Income

GROSS INCOME AMOUNT: \$ _____

NOTE: DSS can only provide the amount and source of the income if it is verified by the DSS income maintenance caseworker through a source **other than an electronic data match.** (Electronic data matches include matches from the Social Security Administration, Veterans' Administration, Employment Security Commission, etc.)

RSDI \$ _____ SSI \$ _____ VA \$ _____ OTHER \$ _____

Notification of Authorization of SA/IH

SA/IH ONGOING MONTH: _____ MAXIMUM ELIGIBLE AMOUNT \$ _____

SA/IH PARTIAL MONTH (*for cases not previously SA eligible in an ACH*): _____
MAXIMUM ELIGIBLE AMOUNT \$ _____

SA/IH SUPPLEMENT POTENTIALLY DUE CLIENT FOR THE PERIOD OF: _____

IN THE AMOUNT OF \$ _____

REASON FOR SUPPLEMENT: _____

Other comments:

SIGNATURE of DSS WORKER: _____ DATE: _____

TITLE: