Department of Disabilities, Aging, and Independent Living (DAIL)

Housing Safety and Accessibility Review

**Apartment or Other Alternative Living Arrangement**

**In or Near a Shared Living Provider’s Home**

It is important for DAIL to understand situations for shared living homes that are not considered ‘standard’ to ensure they meet the federal requirements, and in order for DAIL to assist agencies and the housing contractor with the DAIL housing process for these homes.

**Before** entering any information into the DAIL Housing Portal, and before scheduling an Assessment with the Housing Contractor, this form needs to be filled out and sent to DAIL at AHS.DAILHousingPortal@Vermont.gov for review.

**Location/Address:** Click or tap here to enter Address.

**Shared Living Provider’s Name:** Click or tap here to enter Shared Living Provider’s Name.

**Location is a** [ ] new home [ ] existing location, been in use for click or tap here to enter number of years.years

**Program:** [ ] HCBS[ ] Choices for Care (AFC)[ ] Brain Injury Program

**Agency’s Name:** Click or tap here to enter agency’s name.

**Apartment/Alternative Living Arrangement:**

[ ]  Self-contained area (includes kitchen, bathroom, sleeping area, living room)

[ ]  Area does not include

[ ] Kitchen [ ]  Bathroom [ ] Other Click or tap here to enter info.

**The Apartment/Alternative Living Arrangement is:**

[ ]  Part of the main house

[ ]  Separate building but is attached by a mud room or other connector-type structure

[ ]  Separate building and is not attached to the main house. Please describe: Click or tap here to describe buildings.

[ ] Part of the [ ] attached garage [ ]  unattached garage Please describe: Click or tap here to describe living area in the garage.

**Access to the Apartment/Alternative Living Arrangement has:**

[ ]  Interior Entrance [ ]  Exterior Entrance [ ]  Both Interior and Exterior Entrance

Please describe: Click or tap here to describe living area in the garage.

**Where does Participant eat their meals and receive services?**

[ ] In the Apartment/Alternative Living area

[ ] In the main house

[ ] Both in the main house and in the Apartment/Alternative Living Area. Please explain: Click or tap here to explain.

**Does the Shared Living Provider live with the Participant in the Apartment/Alternative Living Area?**

[ ] Shared Living Provider lives in the main house. Please describe: Click or tap here to describe living situation.

[ ] Shared Living Provider lives with the Participant in the Apartment/Alternative Living Area.

**Other information that would be helpful for DAIL to know:**

Click or tap here to additional information.

**DAIL’S REVIEW**

The information provided above has been reviewed by DAIL.

Division: [ ] DDSD [ ] ASD [ ]  Both Divisions

[ ]  This living situation should be entered into the DAIL Housing Portal as part of the home Location, and a Home Safety Assessment needs to be completed on the entire home following the DAIL Housing process.

[ ]  This living situation should be entered into the DAIL Housing Portal as a separate Location indicating ‘Apt 1’ in the address, and a Home Safety Assessment needs to be completed following the DAIL Housing process. Please be sure to indicate the Property Type in the Location as “Special Supportive Unite (SLP not living in the Unit)”

*If there are unusual situations with any existing information in the DAIL Housing Portal, or any questions about the entry for the Portal, the agency should contact the DAIL Housing Workgroup,* *AHS.DAILHousingPortal@vermont.gov*

Comments by DAIL:

Click or tap here to enter text.

DAIL Staff reviewing the information:

Click or tap here to enter text.Click or tap to enter a date.

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Guidance

It is important for DAIL to understand situations for shared living homes that are not considered ‘standard’ to ensure they meet the federal requirements for a Shared Living Home Model, and will enable DAIL to assist agencies and the housing contractor with the DAIL housing process for these homes.

## **Process**

When there is an alternative or unique living situation in or near a Shared Living Provider’s home that is not a traditional Shared Living Provider situation of a bedroom within the home, the *Apartment or Other Alternative Living Arrangement in or near a Shared Living Provider’s Home* form process needs to be completed. (Example:  An apartment or apartment-like situation within the home, connected to the home or near the home)

* In an unique living situation the agency will fill out the *Apartment or Other Alternative Living Arrangement in or near a Shared Living Provider’s Home* form is filled out by the agency **before** entering any information into the DAIL Housing Portal, and **before** scheduling an Assessment with the Housing Contractor. The filled-out form is sent to the DAIL Housing Workgroup, AHS.DAILHousingPortal@Vermont.gov
* DAIL will review the information on the form, may obtain additional information from the agency, and will make a determination about whether the living situation meets the requirements for the program.
* DAIL will indicate the decision on the form and will return the form to the agency.
	+ If DAIL approves the unique living situation, the agency will proceed with the Assessment process. **A copy of the approved form will be uploaded into the Case in the DAIL Housing Portal by the agency.**
	+ If DAIL does not approve the unique living situation, the agency will work to find an alternative home for the Participant.

The *Apartment or Other Alternative Living Arrangement in or near a Shared Living Provider’s Home* form is posted on the DAIL Housing website [Apartment or Other Alternative Living Arrangement in or near a Shared Living Providers Home](https://ddsd.vermont.gov/sites/ddsd/files/documents/Housing-Apartment_Alt_Living_Form.docx)