

New Home Development Co., Inc.

ASSISTANCE REQUEST:

Date: _____

This Section to be completed by applicant:

Name: _____

Address: _____

Street

City

State

Zip

Type of assistance requested:

_____ Rental Assistance

_____ Rent Deposit

_____ Loan

If request is a loan, what is loan for? _____

For Office Use Only:

Was assistance granted:

Yes

No

If yes, type of assistance given: _____

NHDC Representative

Date

NEW HOME DEVELOPMENT COMPANY, INC.
 511 Perry Street, Defiance, OH 43512 PH: 419-784-1075

Date: _____

LOAN APPLICATION

Applicant's Name:		Male/Female	
Street Address:	City:	State:	Zip Code:
Social Security #:	Date of Birth:	Telephone #:	
Case Manager:		Marital Status:	

Do you have minor children living with you? Circle: YES NO

In this section provide all information for your spouse or others living in your household (if applicable):

Full Name	Relationship To Applicant	Date of Birth	Social Security Number	Name of Employer or Income Source	Gross Amount	Paid How Often?

.....
RESOURCES

Do you and/or household members have any money available such as cash, savings, checking, and certificates of deposit?
 Circle: YES NO If yes, complete below:

Resource Owner	Resource Type: Checking, Savings, etc.	Amount

Have you received Emergency Assistance from NHDC before? Circle: YES NO
 If yes, when: _____

Are you receiving assistance from any other community agency? Circle: YES NO
 If yes, please list name of agency and amount of assistance:

_____ \$
 _____ \$

Please briefly explain the nature of your emergency and the amount of assistance you are requesting:

Amount \$ _____

By my signature, I affirm that to the best of my knowledge and belief these answers are complete and correct. I state under penalties of perjury that all the information on this application is true and correct to the best of my knowledge.

Signature

Date



Action taken (to be filled out by NHDC staff person):

Amount of Assistance Granted: \$ _____

Authorized by: _____
Signature

Date

Notice of Enrollment into the Multi-Agency Community Services Information System (MACSIS) and Authorization for Billing

To be eligible to receive public funds to help pay for the cost of your alcohol, drug addiction and/or mental health services, you will need to read and sign this statement that allows the agency to give demographic and billing information to the Four County ADAMhs Board and Behavioral Health Generations (BHG). Behavioral Health Generations is the entity that the Four County ADAMhs Board will use to enroll all clients in the Multi-Agency Community Services Information System (MACSIS) and process claims in compliance with state requirements.

Agencies will continue to use the Board approved sliding fee scale to determine what amount, if any, that you may be required to pay for services. If you are eligible for Medicaid or other public funds, then the agency will submit name identifying demographic and billing information to the Four County ADAMhs Board and BHG.

BHG will enroll you in the appropriate Four County ADAMhs Board behavioral healthcare plan. The Board will determine what public funds can be used to pay for your services, and pay the agency the appropriate contracted amount as calculated by an information system (MACSIS) connected with the Ohio Department of Mental Health, Ohio Department of Alcohol and Drug Addiction Services and Ohio Department of Human Services.

ALL INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL, consistent with state and federal law. Name identified information will only be used to pay for services received. Other information will be kept without your name attached. This information will not be available to any other sources or used for any other purposes. You have the right to review your records and notify the agency of errors in your record. Billing information will be kept for seven (7) years after you have received services, and only demographic information will be kept after that time.

If you do not agree to sign this disclosure and authorization form, then the Board may not be able to use public funds to pay for your services.

Agency Name: **New Home Development Company, Inc.**

I have read and understand the above and authorize the disclosure of name identifying billing information to the Four County ADAMhs Board and BHG.

Name of Client: _____
(please print name)

Client Social Security #: _____ Client Date of Birth: _____

Signature of Client/Guardian: _____

Date Signed: _____