BLOCK COMMUNITY ALLIANCE

Fountain Seaview Apartment Referral Form

Date:
Last Name: First Name: Middle Initial:

DOB: TABS#: SS#:

Current Address:

Phone#: Email:

Care Manager: CM Phone: CM Email:

Current Housing:

☐ ICF ☐ Supervised IRA ☐ Supportive IRA ☐ Other:
☐ Rented House/Apartment - full rent ☐ Street Homeless ☐ Shelter Homeless
☐ Rented House/Apartment - with subsidy ☐ Family Home ☐ Staying with Friend

How much do you currently pay in rent? Do you have a lease with your name on it? ☐ YES ☐ NO
Landlord / Residential Agency Name:

For Housing Subsidy Applicants:

Do you have a "Part 1" conditional approval letter for Housing Subsidy from OPWDD? ☐ YES ☐ NO
If Yes, what is the date on the approval letter?
If No, has your Care Manager submitted the Part 1 request to OPWDD? ☐ YES ☐ NO

Have you ever lived in an apartment or house using a Housing subsidy? ☐ YES ☐ NO
Have you ever received the one-time Housing Subsidy Transition Stipend? ☐ YES ☐ NO

For Self-Direction or other Subsidy Applicants:

Do you have Self-Direction: ☐ YES ☐ NO List If Yes: Broker? Fiscal Intermediary?
all subsidies you currently have or are eligible for:

Advocacy Level

☐ Self - I can advocate for myself and sign legal documentation
☐ Legal Guardian - I have a legal guardian (copy of court document will be requested)
☐ Self-Supported - I cannot self-advocate but I have no legal guardian
☐ Other (Please explain):

Household Information

Not including you, how many other people will be moving into the apartment with you?

0 Adults (OPWDD eligible)
0 Adults (not eligible for OPWDD)
0 Children

Monthly Income: (fill in all boxes that apply)

Income Source	Monthly Amount	Income Source	Monthly Amount
Social Security		Employment (Wages)	0
SSI		Disability / Workers Comp	0
SSDI		Unemployment benefits	0
State Benefit (SSP)		Other:	
Public Assistance (Cash benefit/DSS)		Other:	

Most recent proof of income (Paystubs, award letters, etc.) will be required

Do you currently receive Community Habilitation Services? ☐ YES ☐ NO
If No, will you be applying for Community Habilitation Services? ☐ YES ☐ NO
If Yes, what agency do you receive Comm Hab through? Hour many hours?

Referral Completed By: Email/Phone#:

Send completed forms to: housing@blockalliance.org Office Phone: 347-287-9060

Form Updated: 11/19/26