VERIFICATION
of Serious and Persistent Mental Illness
for the SHELTER PLUS CARE PROGRAM

EQUAL HOUSING OPPORTUNITY

Print Applicant Name:

This form may be verified by attaching a copy of a statement from a doctor or mental health professional.

☐ I hereby verify that the Applicant meets the Minnesota Comprehensive Mental Health Act definition of having a serious and persistent mental illness.

☐ I hereby verify that the Applicant does not meet the Minnesota Comprehensive Mental Health Act definition of having a serious and persistent mental illness. **Documents to confirm this determination are contained in a consumer’s case file.**

<table>
<thead>
<tr>
<th>Print Name of Mental Health Professional:</th>
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<tr>
<td>License/Qualification of Mental Health Professional:</td>
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<td>Signature of Mental Health Professional:</td>
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<td>Date of Signature:</td>
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<td>Telephone Number:</td>
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<td>Fax Number:</td>
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Return this form to the following address:  Gwen Chase  Kandiyohi County HRA  2200 23rd St NE – Suite 2090  Willmar MN 56201  Telephone # 320-235-8637  Fax # 320-235-7831  Email: gwen_c@co.kandiyohi.mn.us

NEW EMAIL:  gwen.chase@kcmn.us
SPMI Defined

"Serious and persistent mental illness," as defined in section 245.462, subdivision 20 of the Minnesota Statutes:

"(c) For purposes of case management and community support services, a “person with serious and persistent mental illness” means an adult who has a mental illness and meets at least one of the following criteria:

(1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;
(2) the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the preceding 12 months;

(3) the adult:
(i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;
(ii) indicates a significant impairment in functioning; and
(iii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;

(4) the adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult’s commitment has been stayed or continued; or

(5) the adult (i) was eligible under clauses (1) to (4), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided."
RENTAL ASSISTANCE SHELTER PLUS CARE

Verification of Serious Mental Illness

This form must be completed by a mental health professional.\textsuperscript{3}

Print Applicant Name: ________________________________

☐ I hereby verify that the applicant meets the Minnesota Comprehensive Mental Health Act definition of having a serious mental illness.\textsuperscript{2}

☐ I hereby verify that the applicant does not meet the Minnesota Comprehensive Mental Health Act definition of having a serious mental illness.\textsuperscript{2}

Documents to confirm this determination are contained in an applicant's case file.

Print Name of Mental Health Professional ________________________________

License/Qualification of Mental Health Professional ________________________________

Telephone Number ________________________________ Fax ________________________________

Address ________________________________ City ________________________________ State ________________________________ Zip Code ________________________________

Signature of Mental Health Professional ________________________________ Date ________________________________

Return this form to the following address:

Print Name of Housing Agency ________________________________

Address ________________________________

Health & Human Services Bldg.
2200 23rd Street NE, Suite 2000
Willmar, MN 56201

Bus: (320) 235-8837
Fax: (320) 235-7311
TDD 711 → (320) 235-8837

\textsuperscript{1} Mental Health Professional: A person providing clinical services in the treatment of mental illness who is qualified in at least one of Bridges Program

Form 4 Revised: 01/2016
the following ways:

1. In psychiatric nursing: A registered nurse who is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in adult psychiatric and mental health nursing by the American Nurses Association or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

2. In clinical social work: A person licensed as an independent clinical social worker under section 148B.21; subdivision 6, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

3. In psychology: A psychologist licensed under sections 148B.88 to 148B.98 who has stated to the board of psychology competencies in the diagnosis and treatment of mental illness.

4. In psychiatry: A physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.

5. In marriage and family therapy: The mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

6. In allied fields: A person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

2 Minnesota Statute 245.462, subdivision 20, Mental illness. (a) "Mental illness" means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), current edition, code range 290.0 to 302.99 or 306.0 to 316.0 or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5), current edition, Axes I, II, or III, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.