



**EQUAL HOUSING  
OPPORTUNITY**

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

Print Applicant Name:	
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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.**

Print Name of Mental Health Professional:	
License/Qualification of Mental Health Professional:	
Signature of Mental Health Professional:	
Date of Signature:	
Telephone Number:	
Fax Number:	
Address:	

**Return this form to the following address:** Gwen Chase  
Kandiyohi County HRA  
2200 23<sup>rd</sup> St NE – Suite 2090  
Willmar MN 56201

NEW EMAIL:  
gwen.chase@kcmn.us

Telephone # 320-235-8637  
Fax # 320-235-7831  
~~Email: gwen\_c@co.kandiyohi.mn.us~~

## SPMI Defined

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**“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.<sup>1</sup>

**Print Applicant Name:** \_\_\_\_\_

- I hereby verify that the applicant **meets** the Minnesota Comprehensive Mental Health Act definition of having a serious mental illness.<sup>2</sup>
- I hereby verify that the applicant **does not meet** the Minnesota Comprehensive Mental Health Act definition of having a serious mental illness.<sup>11</sup>

**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**



**Housing and Redevelopment Authority**  
Kandiyohi County McLeod County

\_\_\_\_\_  
**Zip Code**

Health & Human Services Bldg.  
2200 23rd Street NE, Suite 2090  
Willmar, MN 56201

Bus. (320) 235-8637  
Fax (320) 235-7831  
TDD 711 → (320) 235-8637

<sup>1</sup> Mental Health Professional: A person providing clinical services in the treatment of mental illness who is qualified in at least one of

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 148.88 to 148.98 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.

<sup>2</sup> 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-MD), 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.