

DBHDS Resident Service Provider Checklist (RSPC)

MOU application deadline: February 28, 2023 Technical Assistance is not available March 1-16, 2023 Submit completed checklist, executed MOU, and DBHDS license verification to LIHTC@dbhds.virginia.gov

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LIH	HTC Applicant Name & Contact Info		
LIHTC Property Name			
LIHTC Property Location			
Virginia Housing ID#			
	1. Are you intending to serve DBHDS Target Populations?		
	□ Yes □ No		
2.	If Yes to Question 1, which population(s) do you intend to serve? (Check all that apply)		
	Persons with Intellectual/ Developmental disabilities (I/DD)*		
	Persons with Serious Mental Illness (SMI)*		
	Persons with Substance Use Disorders (SUDs)		
	Other Populations		
3.	3. Are you applying for the LIHTC ASH Pool? □ Yes □ No		
4. Please list the Resident Services Provider (RSP) selected to include the following:		der (RSP) selected to include the following:	
	RSP Organization Name:		
	RSP Address:		
	RSP Contact, Phone #, and		
	Email		
	RSP current service area(s)		
Is this RSP the same qualified nonprofit organization qualifying applicant to compete in the nonprofit p			
Yes No No			
5. Which criteria does the Resident Services Provider qualify for?			
A DBHDS triennial license, in good standing, with no outstanding corrective action plans			
	An accreditation or certification (<u>check all that apply</u>):		
	Commission on Accreditation of Rehabilitation Facilities		
 Certified Organization for Resident Engagement & Services Council on Q CSH Quality Supportive Housing Other 			
	Experience evidenced by receipt of a grant or grants by the service provider for provision of direct		
	services to the development's residents		
A licensed child-care provider or subs			
6.			
	Service:	Years' Experience:	
7. What service(s) does the RSP intend to offer at the LIHTC property?		o offer at the LIHTC property?	
	Service:	Years' Experience:	
	Service:		
	Service:	Years' Experience:	

*Virginia Housing's LIHTC QAP First Leasing Preference MOU Target Population's include persons with Intellectual and/or Developmental Disabilities (I/DD) and persons with Serious Mental Illness (SMI) Form revised 2/15/2023