

[Print on Illinois Mental Health Collaborative Letterhead]

[Date]

[Name of Applicant]

RE: Ineligible for DMH Bridge Subsidy Program

Dear [Insert Name Here]:

Thank you for your interest in the Division of Mental Health Permanent Supportive Housing Bridge Subsidy Program. The Division has reviewed your referral for the program. Unfortunately you are being denied the opportunity to complete a full application because of the following:

Axis I Diagnosis of Serious Mental Illness not met

Income level exceeds limit (30% AMI)

No verification of affiliation with DMH contracted vendor of mental health services.

Is not a member of eligible population group

☐

Other: _____

You are welcome to reapply at any time if you feel your circumstances have changed.

Thank you again for your interest in the DMH Bridge Subsidy Program.

Sincerely,

[Name]

Illinois Mental Health Collaborative

Cc: [Name], Community Mental Health Provider, Care Manager
Lindsay Huth, DMH Statewide Housing Coordinator