



**Demographic Information**

\*\*\*\*Please address ALL sections \*\*\*\*

BHR Name (AKA): \_\_\_\_\_ BHR DOB: \_\_\_\_\_

BHR Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

T19:  Yes  No Gender:  Female  Male Is there a guardian:  Yes  No

Guardian Name: \_\_\_\_\_

Guardian Address (if different than BHR): \_\_\_\_\_

ER Contact: \_\_\_\_\_ ER Contact Phone #: \_\_\_\_\_

**Living Situation**

BHR or Guardian Mailing Address: \_\_\_\_\_

BHR Residential Address \_\_\_\_\_

**BHR Residential** Cross Streets: \_\_\_\_\_

Is the BHR Homeless?  Yes  No

**If yes, please provide a physical description, cross streets, or usual locations where the BHR stays:**

\_\_\_\_\_

**Evaluation Information:**

Staff member completing SMI Evaluation: \_\_\_\_\_

Agency name: \_\_\_\_\_ Agency Address: \_\_\_\_\_

**BHR site preference:**

PNO Address information located at: <http://magellanofaz.com/mypage-en/find-a-provider/provider--clinic-directories.aspx>

- Arcadia     Bethany Village     Capital Center     Centro Esperanza     Comunidad     East Valley
- Enclave     Garden Lakes     Hampton     Highland     Metro Center     Midtown
- Osborn     Saguaro     San Tan     South Central     Townley Center     West McDowell
- West Valley     No Preference Noted

Reason for Site Preference:  Geographic Location     Site Specialty     Brand Name/Recognition

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

SMI Evaluation Date: \_\_\_\_\_

**Comments (Serious Crimes, Languages, Special Needs, or other information):**

\_\_\_\_\_

\_\_\_\_\_