



CLINICAL OPERATIONS
4801 East Washington Street, Suite 100
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RESIDENTIAL SERVICES HOUSING DESKTOP MANUAL

SEPTEMBER 2007



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This document describes Magellan of Arizona continuum of housing programs structure, goals and application process for the Regional Behavioral Health Authority in Greater Service Area 6.

I. Introduction

In June of 2007, Magellan Health Services of Arizona (Magellan) was awarded the contract to become Regional Behavioral Health Authority (RBHA) for Maricopa County and later a portion of Pinal County, now known as Greater Service Area 6 (GSA 6). As of September 1, 2007, Magellan fully operationalized the contract as the RBHA. In addition to treatment and rehabilitative services, Magellan's housing programs support the recovery of Behavioral Health Recipients (BHRs) living with a serious mental illness. Certain BHRs have and will have a determined need for housing, for these BHRs, our housing programs provide independent housing options that enhance their recovery process. Magellan's housing programs follow the Maricopa County Strategic Plan for Housing approved by Arizona Department of Behavioral Health Services/Department of Behavioral Health Services (ADHS/DBHS) and the Office of the Court Monitor. Magellan works closely with the ADHS/DBHS to meet and exceed the goals of the Maricopa County Strategic Plan for Housing. To better serve individuals with a serious mental illness, our housing programs adopted SAMSHA Permanent Supportive Housing Evidence-Based practices and the "Housing First" approach which has been approved by ADHS/DBHS. Magellan's Residential Services team will locate, monitor, maintain and track affordable housing stock for behavioral health recipients in GSA 6.

The scope of our housing continuum includes the full capabilities of housing and supportive services ranging from intensive, with supportive services located onsite to independent subsidize housing options. Our primary focus is coordinating housing options with supportive service providers and provider network organizations (PNOs) for Title XIX and Non-Title XIX, SMI, eligible BHRs enrolled in the GSA 6 - RBHA. An objective and systematic monitoring process is in place to continuously assess the status of the housing continuum as well as the safety of the settings in which BHRs reside. **All housing and financial programs are limited and based on funding availability, please call Magellan Health Services Customer Services at 1 (800) 564-5465 and ask for the Residential Services Department for program availability.**

II. Purpose and Goals

Magellan's housing programs key objective is the maintenance, oversight and management of a full continuum of housing programs which offer choice to BHRs. Magellan consistently endeavors to maintain a stable, high-quality, safe placements for our BHRs.

In order to accomplish the goals of our housing continuum, Magellan develops and monitors an annual housing plan with specific measurable objectives and activities. The objectives and activities are identified through an annual program evaluation as well as ongoing internal review, results from regulatory activities and the monitoring of housing capabilities.

III. ComCare Trust

The Magellan housing and finance staff jointly ventures with the ADHS/DBHS and local Non-profit Organizations (NPO) to purchase small apartment complexes and houses. Our housing staff oversees, administers and provides technical assistance for the entire housing continuum. In addition, Magellan provides oversight to local non-profit entities capable and eligible to administer a

variety of low-income housing grants and programs as need and funding availability dictates. This includes: rental assistance, real property acquisition, housing development, housing ownership, property management, neighborhood concerns, planning/zoning issues and any other housing related items.

Magellan's Residential Services team is required to locate and inspect properties, conduct neighborhood and property due diligence; assure that repairs are made timely and correctly; meet with community groups, neighborhood associations, planning and zoning officials and ensure semi-annual Housing Quality Standards (HQS) inspections are conducted. Magellan established procedures to monitor and manage our housing activities and programs. These guidelines can be found in our *Semi-Annual Monitoring Plan and Property Maintenance Guidelines*.

With respect to any new housing programs developed by Magellan which serve Arnold v. Sarn class members, Magellan will ensure these members are not placed in any new program where more than eight members reside at the same address, in any residential program, or apartment setting where more than 25% of the apartment units are occupied by behavioral health recipients.

IV. Key Program Activities

Magellan housing programs primarily focus on the activities designed to enable BHRs to access the appropriate housing placements in as optimal timeframe as possible. This is accomplished through collaboration and contractual arrangements with Provider Network Agencies (PNO), Qualified Service Providers (QSP), Community Services Agencies (CSA) and Public Housing Authorities (PHA) to place BHRs in our continuum of housing programs. Below is a listing of key program activities conducted by our housing staff.

A. Placements for Community Living Settings

Magellan's Residential Services team works closely with the PNO treatment teams through referrals to offer housing options to BHRs in need of Community Living. This includes coordination with Arizona State Hospital Liaison, Supervisory Care Home Liaison, Tribal Liaison, Health Care/Benefit Liaison and ALTCS Liaison to ensure BHRs are timely housed with appropriate services based on the BHRs needs. BHRs who meet the priority population status are given priority in the Community Living Program. Priority population BHRs are individuals being discharged from the Arizona State Hospital, Supervisory Care Homes, 24-Hour Adult Residential, released from jail with a major biological disorder, leaving the child and adolescent system or 17 ½ - 25 years old, frequent users of the crisis services i.e. hospitalized twice or more in one (1) year, and those who have three (3) episode of crisis services within ninety (90) days.

B. Arizona State Hospital (AzSH) Exit

Housing is a crucial element for keeping the census at Arizona State Hospital (AzSH) within contract provisions. Magellan's Residential Services team manages housing providers, refers BHRs discharged from AzSH to appropriate living environments, attends AzSH staffings, monitors activities, makes home visits, tracks HQS inspections, audits housing providers and reviews AzSH payments to housing providers. The housing staff works closely with the Arizona State Hospital Liaison to ensure timely discharges and appropriate levels of services are available in accordance with the Arizona State Hospital Desktop Discharge Manual.

C. Supervisory Care Homes

Residential Services team in conjunction with the Supervisory Care Home Liaison has oversight responsibility with the Supervisory Care Home closures for BHRs and moving these individuals into independent housing. As a member of the Supervisory Care Home Closure Team, Magellan provides technical assistance to the team on matters related to independent housing and to help place BHRs being displaced or who may chose to live in alternative settings.

V. Scope of the Housing Programs

The Magellan housing continuum offers placements through a variety of settings to include: 1) Arizona Behavioral Health Corporation - Homeless Housing Program, 2) City of Tempe Housing Program, 3) Another Chance Housing Program, 4) UOMOM New Day Center – Lamplighter all funded through Housing and Urban Development (HUD), 5) Community Living Housing Program, 6) Housing Opportunity Preparatory Employment (HOPE) Program, 7) Bridge Subsidy Program, 8) Community Building Housing Program 9) Senate Bill 1616 – Non-Nineteen Supported Housing Program and 10) RESTART/TLP all funded through state and local government. Specifics and brief program descriptions and application processes are listed below.

A. Federal-Funded Housing Programs

i. Arizona Behavioral Health Corporation (ABC) Homeless Housing

ABC is Magellan’s community development corporation (CDC) to develop affordable housing programs. ABC administers grants awarded by HUD and the Arizona Department of Housing that provide various types of housing to individuals who are homeless or chronically homeless. This includes permanent housing, transitional housing, and a Safe Haven.

These projects provide permanent housing to eligible individuals and their families. Participants in these programs choose where they want to live throughout Maricopa County in the private rental market. There are two different types of funding sources for these projects, Supportive Housing Programs and Shelter + Care.

Shelter + Care (S+C) grants are funding given directly to a governmental entity that must be administered by a non-profit agency. The Arizona Department of Housing is the grantee for three Shelter plus Care (S+C) grants. ABC administers these grants that provide housing to homeless individuals and their families. S+C grants are tenant-based rental assistance and the participants in the program pay 30% of their adjusted income for rent and utilities. The balance of the contract rent is subsidized by the program.

In addition to providing the “shelter” or permanent housing, another important component is the “care” or supportive services, these services assist the participants to maintain their housing. Participants receive case management and other behavioral health services through Magellan. Housing services include: eligibility determination, annual recertification, relocation assistance, and landlord/tenant intervention on issues such as at-risk of eviction. The housing services are provided by two housing providers: Housing Operations Management Inc (HOM Inc) and Biltmore Properties Inc. (BPI).

ABC is the direct grantee for three Supportive Housing Program (SHP) grants that fund tenant-based rental assistance. SHP grants program structure is nearly identical to S+C

with the main distinction being the funding source. The eligible participants for SHP grants are identified by Magellan based on BHR's appropriateness for independent living who meet Housing and Urban Developments (HUDs) definition of homeless and chronically homeless.

ABC is the direct grantee for five Supportive Housing Program grants that provide housing and supportive services for the homeless SMI, persons with HIV/AIDS and domestic violence victims. This housing subsidy is a project-based program and is limited to a specific location. Moving or eviction from the program location will result in the individual losing his/her housing subsidy. Program participants will pay 30% of their adjusted income for rent and utilities. ABC's project based programs are AHI-Steele Commons, Brookside, House of Refuge East, Phoenix Shanti Group, and Permanent Housing for People with HIV/AIDS.

Homeless Housing Application Process:

1. Case Manager determines BHR meets HUD definition of homelessness and/or chronically homeless.
 - a. **HUD Definition of Homelessness-** In general, a person is considered homeless if, without HUD assistance, he or she would have to spend the night in a homeless shelter or in a place not meant for human habitation. More specifically, an individual is considered homeless if he or she is:
 - Sleeping in an emergency shelter.
 - Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings.
 - Living in Transitional/ Supportive housing but having come from the streets or shelter prior. and/or;
 - b. **HUD Definition of Chronically Homeless-** Living on the streets for one (1) year or more, or experienced 4 or more episodes of homelessness within the last 3 years
2. Case Manager completes ABC Homeless Housing Application, Verification of Homelessness and Certificate of Disability then signs, dates and send completed application to ABC at 602-712-9222
3. ABC reviews the application and approves or denies.
 - a. If approved, the recipient will be placed on the waitlist according to the date and time the completed homeless application is received. NOTE: You may email ABC Housing Specialist for the status of a recipient on waitlist at nickys@azabc.org.
 - b. If denied, the Case manager will receive a notification with information on how to appeal the decision.
 - c. It is the responsibility of the Case Manager to follow-up on the recipients' status on the waitlist.
4. A recipient may be eligible for a "Priority Placement" on the Homeless Housing Waitlist. A medical doctor must submit a letter stating the recipient has a medical condition requiring immediate placement into housing and the health of the recipient would be jeopardized if not housed expeditiously. NOTE: *All documentation must be on the doctors' letterhead*

5. Once the recipient is at the top of the waitlist and funding is available, ABC contacts the case manager to re-verify homeless status.
 - a. The case manager must complete a new *Verification of Homelessness Form*.
 - b. The case manager must include a detailed narrative on letterhead which describes first hand knowledge of the recipient's homelessness.
6. ABC will certify the recipients' homeless application and notify the case manager with a "Briefing Notice" with the date, time, and location of the briefing.
7. The Case Manager must be present at the briefing to assist the recipient, as needed, with understanding the requirements and in their housing search.
8. The case manager must contact ABC immediately before or after the missed briefing to reschedule another briefing date. If the recipient misses two scheduled briefings, the recipient will be removed from the waitlist and their Homeless Housing application will be terminated. *NOTE: ABC will only make exceptions if it is a medical emergency.*
9. Once the recipient has selected and been approved for tenancy at a unit, the assigned housing provider will conduct a Housing Quality Standards (HQS) inspection prior to move in.
10. The recipient is provided a start-up packet and food gift card to begin their tenancy in their new unit. The case manager must assist the recipient and return any required receipts to the assigned housing provider.

ii. City of Tempe Permanent Supportive Housing Program

In partnership with the Valley of the Sun United Way, Corporation for Supported Housing, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), and the City of Tempe created, funded and implemented 35 units of scattered site permanent supportive housing for chronically homeless individuals. Individuals must meet the following criteria to be eligible for the program:

- Continuously homeless for a least one year or has experienced 4 episodes of homelessness in the last 3 years
- Has a disability and/or medical condition making them vulnerable
- Income is at or below 50% of Area Median Income (less than \$23,350/year)
- Assessed by local homeless service providers to be "likely to succeed" in supportive housing

To implement this pilot, the City of Tempe created an application process with a wait list similar to their Section 8 Housing Choice Voucher program. A Selection Committee comprised of representatives from local homeless service providers meets regularly to review all applications to ensure they meet the eligibility criteria for the pilot program. Magellan, through ADHS/DBHS, provides supportive services to tenants who are seriously mentally ill and enrolled in the Maricopa County Regional Behavioral Health Authority. Urban Outreach provides supportive services to participants who are not seriously mentally ill. The first tenants moved into the pilot on March 18, 2010, to date 20 chronically homeless individuals are housed in apartment complexes throughout the City of Tempe.

The program is funded through the City of Tempe using Homelessness Prevention and Rapid Re-Housing (Federal stimulus funds) to pay rent and utilities for each tenant for up to 18 months. The City of Tempe Housing Services Division updated their Section 8 Housing Choice Voucher (HCV) program tenant preferences criteria to ensure participants in the pilot will be eligible for a Section 8 HCV. The City of Tempe created a specialized program for young adults and awarded Tumbleweed through a Request for Proposals process Homelessness Prevention and Rapid Re-Housing dollars, currently four young adult are receive housing and supportive services through this pilot program.

The City of Tempe requires that the individual be chronically homeless. The federal definition of “chronic homelessness requires that the person either be:

- (1) Homeless for more than one year *or*
- (2) Have at least four episodes of homelessness in the past three years. *(For the City of Tempe, living in a hotel does not translate into homeless according to HUD, a homeless episode may be as brief as one night of staying at a shelter, park or car. NOTE: If these criteria are met, the individual must have a current or past homelessness or residence in the City of Tempe, AZ.)*

City of Tempe Permanent Supportive Housing Application Process:

1. Case Manager determines BHR meets HUD definition of homelessness and/or chronically homeless.
2. The BHR must be TXIX, SMI and enrolled in the Maricopa or portion of Pinal County RBHA.
3. Complete and fax the City of Tempe housing application and supporting documents to (480) 350-8902.
4. BHR and member of the clinical team must attend housing briefing, and upon recipient of housing voucher, begin search for housing within the City of Tempe.
5. Clinical team is required to submit Self-sufficiency matrix and submit the completed form to the City of Tempe at (480) 350-8902.

iii. Another Chance

Recovery Innovations of Arizona, Another Chance program is a model of recovery built on the belief that every person who has co-occurring experiences can recover. Operated by Peer Recovery Coaches, it combines supported housing, employment, and peer support to help each person become self-determining and self-sufficient. The goal of Another Chance is independent living and self-sufficiency through employment and recovery. In Another Chance our participants find, create, and learn to keep a home of their own. They develop their strengths and a plan for success. They learn to become part of the larger community and about the concept of Personal Recovery.

Another Chance’s target population is individuals who are currently in the Magellan health care system and meet Housing and Urban Development (HUD) homelessness criteria and who are experiencing co-occurring issues.

Services offered through Another Chance include:

1. **Peer Support:** Every participant is assigned a Recovery Mentor who is also a peer in recovery. The Recovery Coach is available to help coordinate housing and

employment services for the participant, and offer recovery support both on-site and in the person's home.

2. ***Rental subsidy: Participant will pay 30% of income toward rent and RIAZ will provide subsidy for remaining amount up to \$609.00 for studio/\$762.00 for 1 bedroom monthly/utilities included with rent as a result of program participation.*** Apartment is of the individual's choice, any location in the Phoenix.
3. ***Intensive Outpatient Services:*** Participants will attend **Intensive Outpatient Substance Use groups which are held at Recovery Innovations of Arizona.** Individual counseling is also available.
4. ***Employment Supports:*** RIAZ Vocational services partners with RSA Voc Rehab to provide employment supports, job coaching, and career interest inventories.

Another Chance Application Process:

1. The clinical team identifies a recipient as a candidate for the Another Chance Housing Program.
2. The recipient and case manager must complete a Wellness City referral form and submit completed form to Recovery Innovations of Arizona (RIAz) at (602) 636-5219.
3. The clinical team will be notified that the Wellness City referral has been received and the recipient is placed on the waitlist according to date and time the completed referral and supporting documents are received.
4. Once the recipient is at the top of the waitlist and funding is available, the RIAz notifies the case manager with a "Briefing Notice" with the date, time, and location of the briefing.
5. The recipient is required to participate in classes through RIAz, during this time the recipient may begin their housing search.
6. A recipient may be eligible for a "Priority Placement" on the Another Chance housing waitlist. A medical doctor must submit a letter stating the recipient has a medical condition requiring immediate placement into housing and the health of the recipient would be jeopardized if not housed expeditiously. *NOTE: All documentation must be on the doctors' letterhead.*
7. The case manager must be present at the briefing to assist the recipient, as needed, with understanding the requirements and in their housing search.
8. The case manager must contact the RIAz team immediately before or after the missed briefing to reschedule another briefing date. If the recipient misses two scheduled briefings, the recipient will be removed from the waitlist and their application will be terminated. *NOTE: Magellan will only make exceptions if it is a medical emergency.*
9. Once the recipient has selected and been approved for tenancy at a unit, RIAz will conduct a Housing Quality Standards (HQS) inspection prior to move in.

iv. **UMOM New Day Center - Lamplighter**

The program promptly and responsively screens individuals to identify need and direct individuals to appropriate services.

Lamplighter is a permanent housing program that provides affordable housing for individuals who are seriously mentally ill. Lamplighter also provides affordable housing

for individuals who are homeless and meet the income requirement of three times the rental amount. For referral information please contact Magellan Residential Services Department at 1 (800) 564-5465 or UMOM New Day Center at (602) 275-7852.

Lamplighter Place Program for SMI recipients of Magellan, the Local Regional Behavioral Health Agency (RBHA)

UMOM-Lamplighter Application Process:

1. Eligibility
 - a. Applicants must be Magellan consumers.
 - b. Applicants must be on the Magellan housing waiting list.
 - c. Applicants must be 18 years of age or older.
2. Screening
 - a. When a unit is available, the Specialized Housing Case Manager (SHCM) contacts Magellan to notify them of vacant units.
 - b. The SHCM contacts the Magellan Case Manager of applicant to verify if the applicant is still in need of housing. Magellan Case Manager may also contact the SHCM.
 - c. The SHCM schedules an appointment with the applicant and the Magellan Case Manager.
3. Intake/Assessment/Case Plan, the SHCM meets with applicant and
 - a. Completes all intake paperwork.
 - b. Obtains first month's rent and security deposit.
 - c. Completes orientation to property, room, policies, and rules.
 - d. Provides room key, gate card and gate instruction card.
 - e. Sends client for UA testing.
 - f. The resident meets with the SHCM within 14 days to complete an assessment and develop an individualized case plan.

Lamplighter Place Program for Non-SMI Previously Homeless Working Individuals

1. Eligibility
 - a. Applicants must be homeless.
 - b. Applicants must provide verification of income of at least three times the rent amount.
 - c. Applicants must be 18 years of age or older.
2. Screening
 - a. UMOM receives a referral from the applicant or a social service agency.
 - b. The Specialized Housing Case Manager (SHCM) informs the applicant or referring the agency of the eligibility requirements for the program.
 - c. If the applicant does not meet the eligibility requirements, the SHCM provides referrals.
 - d. The SHCM informs the applicant of necessary documentation:
 - i. Verification of homelessness
 - ii. Verification of income
 - e. Once a room is available, the SHCM schedules an intake with the applicant.

3. Intake/Assessment/Case Plan, the SHCM meets with the applicant and
 - a. Completes all intake paperwork.
 - b. Obtains documentation.
 - c. Provides program rules.
 - d. Provides program policies.
 - e. Obtains first month's rent and security deposit.
 - f. Completes orientation to property and room.
 - g. Provides room key, gate card and gate instruction card.
 - h. Sends client for UA testing and TB test if applicable.
 - i. The resident meets with the SHCM within 14 days to complete an assessment and develop an individualized case plan.

B. State-Funded Housing Programs

i. Community Living

Community Living includes any level of housing that has been subsidized using funds designated by ADHS/DBHS including ComCare Trust and Arnold v. Sarn. Community Living provides housing opportunities for seriously mentally ill (SMI) priority population individuals. Priority population class members include individuals who are or have been in: the Arizona State Hospital, Supervisory Care Homes, 24-Hour Residential Treatment, Jail, frequent users of the crisis system, and/or individuals that are homeless.

Community Living provides the total benefit of a place to live and the supports necessary to help create a positive life experience in the residence in which the BHR is placed. Housing related support services tailored to assist the recipient to live in the least restricted manner is enhanced when case management, providers, family members, and neighbors work collaboratively to focus on the individuals' needs and strengths.

Community Living is independent housing with or without supportive services. Supportive Services are home and community-based services provided to behavioral health recipients up to 24 hours per day, based on their individual needs. Supportive Services are designed and implemented to enable the recipient to achieve community integration. Community Living could be either a house-model where recipients share common areas and have their own bedroom or an apartment-model where recipients could live alone, as roommates, or with their family. Recipients participating in the Community Living Housing program are required to sign a lease, abide by the Arizona Residential Landlord and Tenant Act, and pay 40% of their adjusted income towards rent.

Community Living Housing Application Process:

1. The clinical team identifies a recipient as a candidate for the Community Living Program (Priority Population, Adult SMI).
2. The recipient and case manager must complete a Community Housing application and submit the completed application to Magellan's Residential Services Housing team at 1 (866) 891-3693.
3. The clinical team will be notified that the Community Housing application has been received and the recipient is placed on the Community Living waitlist according to date and time the completed application is received.

4. “Priority Placements” will be given to recipients who are priority population which includes priority as follows:
 - a. Arizona State Hospital
 - b. Inpatient Facilities
 - c. Supervisory Care Homes
 - d. 24 Hour Adult Residential Treatment
 - e. Jail, with major biological disorder
 - f. Frequent Users of the Crisis Services
5. A placement determination meeting is conducted which may include the case manager, recipient, housing coordinator, rehabilitation services coordinator, benefits specialist, substance abuse specialist, probation/parole officer, and/or other pertinent staff relevant to recipients’ housing needs. Discussion will include the needs, choices, and preferences of the recipient; conditional release; rules and regulations; tenant responsibilities; and other housing related needs. This meeting may take place at the property to determine if the recipient finds the housing location and accommodations desirable.
6. If appropriate housing and level of care is available, the Housing Coordinator sends an authorization to the housing provider with the Housing Needs Checklist and the service provider (if applicable)
7. The Housing Provider will conduct a **H**ousing **Q**uality **S**tandards inspection on each unit prior to tenant move-in.
8. When the unit passes HQS, the housing provider notifies the Housing Coordinator, case manager and recipient of the date and time of briefing.
9. Case Manager and recipient attends the scheduled briefing with housing provider and completes all appropriate housing paperwork including ROI, the Occupancy Agreement, Crime Free/Drug Free Addendum, any other pertinent housing forms, and the housing provider assigns move-in date.
10. Case Manager coordinates necessary supportive services with service provider and moving arrangements housing provider prior to recipient's move in.
11. Recipient obtains keys to the unit, start up box, and grocery certificate (if necessary) provided by the housing provider. Recipient begins their community integration.

ii. Bridge Subsidy Program (BSP)

The Bridge Subsidy Program (BSP) is a tenant-based rental assistance program with basic policies similar to the federal Section 8 Housing Choice Voucher (HCV) program. The BSP is a housing initiative created to expand the supply of Permanent Supportive Housing (PSH) in Arizona for individuals with serious mental illness and enrolled in the public behavioral health system. PSH is a best practice housing approach that provides permanent housing (typically rental apartments integrated in the community) linked with voluntary and flexible community-based services. The PSH model is based on a philosophy that supports individual choice and empowerment, rights and responsibilities of tenancy and appropriate flexible and available services that meet each individual’s changing needs.

The BSP is a tenant-based rental assistance program with basic policies similar to the federal Section 8 Housing Choice Voucher (HCV) program, providing eligible recipients with more housing choices and flexibility to select a unit in a neighborhood that meets their specific needs and preferences. This program is designed as a “bridge subsidy” to help recipients access a HUD Section 8 HCV. To this end, the BSP will mirror to the extent possible HUD’s Section 8 HCV Program. Recipients receive the BSP rental assistance until they are able to access a Section 8 HCV. Recipients are expected to pay at least 30 % and/or not more than 40% of their adjusted income towards rent and utilities. By contracting with and working closely with a Public Housing Authority (PHA) such as the City of Phoenix, the BSP builds linkages to effortlessly transition participants onto the federal Section 8 HCV program within a five-year period and leverages new Housing Choice Vouchers set-aside by Congress for people with disabilities. Examples of system level linkages include working with the PHA to:

- Develop referral procedures in order to facilitate the PHA Section 8 application process for Bridge Subsidy participants;
- Adopt a Section 8 waiting list preference for participants of the Bridge Subsidy Program;
- Link directly to existing Section 8 vouchers targeted to people with disabilities;
- Set aside additional section 8 vouchers for Magellan recipients and other people with disabilities; and
- Apply for new Section 8 vouchers (should they become available)

Magellan works closely with the City of Phoenix (Subsidy Administrator) and Provider Network Organizations to ensure program participants are offered housing support and supportive services to assist recipients in furthering their recovery and successfully live in the community of their choice. Magellan work closely with the Subsidy Administrator and our contracted network providers to ensure program participants are also offered supportive services, including case management, independent living skills training and rehabilitation/employment services, in order to help individuals be successful in their housing.

At time of entry into the BSP, the participant will be required to apply for Section 8 assistance, to accept a Section 8 voucher when a voucher comes available and remain section 8 eligible while participating in the program. BSP participating landlords will also be encouraged to accept a Section 8 voucher when one becomes available. The BSP provides subsidized housing for 52 eligible recipients; individuals must meet the following criteria:

1. Homeless or residing in a residential treatment setting or substandard living environment or a Board and Care home; AND -
2. Disabled with a serious mental illness and enrolled in a Regional Behavioral Health Authority; AND -
3. Extremely low income: AND -
4. Eligible for the Section 8 Housing Choice Voucher Program

BSP Housing Program Application Process:

1. The clinical team identifies a recipient as a candidate for the BSP Housing Program (*based on the recipients’ eligibility of residential treatment setting or substandard living environment or a Board and Care home; Disabled with a*

serious mental illness and enrolled in a Regional Behavioral Health Authority; Extremely low income and Eligible for the Section 8 Housing Choice Voucher Program)

2. The recipient and case manager must complete the City of Phoenix Pre-application and submit the completed application to Magellan's Residential Services Housing team at 1 (866) 891-3693.
3. The clinical team will be notified the Pre-application has been received according to date and time the completed application was received, Magellan Residential Services will review the application and submit the eligible participants to the City of Phoenix, Housing Department.
4. The City of Phoenix, Housing Department will review the Pre-application for Section 8 eligibility based criminal history and notify Magellan Residential Services team of the eligible participants
5. Magellan Housing Coordinator notifies the case manager to complete the Section 8 Application Packet (*NOTE: The Section 8 Application Packet must be completed in its entirety and returned to Magellan Residential Services at 1-866-891-3693*).
6. The City will review the application packet and determine the participants' eligibility e.g. income, outstanding arrears to any federally-funded program and determine the participants total tenant payment (TTP).
7. The City of Phoenix will notify Magellan Residential Services of eligible participants and schedule a "BSP Briefing" with the date, time and location of the briefing.
8. Magellan Residential Services will send a briefing notice to the clinical team with the date, time and location of the briefing (*NOTE: The participant must bring a photo ID, birth certificate, social security card and income verification*).
9. The case manager must contact the Magellan Housing Coordinator immediately before or after the missed briefing to reschedule another briefing date. If the recipient misses two scheduled briefings, the recipient will be removed from the waitlist and their application will be terminated. *NOTE: Magellan will only make exceptions if it is a medical emergency.*
10. The case manager must be present at the briefing to assist the recipient, as needed, with understanding the requirements and in their housing search.
11. Once the recipient has selected and been approved for tenancy at a unit, a Housing Quality Standards (HQS) inspection will be conducted prior to move in (*The participant NOTE: must NOT move in until notified by Magellan or the City of Phoenix*).
12. The participant is eligible to receive up to \$1,400.00 to assist with move-in deposits. The case manager must assist the recipient apply for these funds and return any required receipts to the assigned housing provider (*SEE BSP Financial Assistance*).

iii. Housing Opportunity Preparatory Employment (HOPE) Housing

HOPE is community-based housing designed to maximize self-sufficiency and quality of life for individuals currently residing in 24-hour Adult Residential Treatment, inpatient

settings, jail, those with co-occurring disorders, homeless and 17 1/2 —25 year olds. It provides a housing subsidy for up to 12 months. HOPE is independent housing that recognizes individual choice and preference when selecting a unit. Individuals will achieve and maintain independent living, develop and foster community supports, expand social supports, maintain self-sufficiency, learn money management while developing community associations. Supportive services, if needed, are provided based on needs identified in the individuals' treatment plan. These support services could include: independent living skills, cultural awareness, substance abuse recovery, education and training, mental health education and awareness, basic Arizona Residential Landlord and Tenant Laws, Fair Housing Laws, and homeownership opportunities. Living arrangements include: independent community-based living arrangements with a rental subsidy. These placements can be subsidized through either a tenant-based or sponsor-based housing structure. Individuals needing sponsor-based housing must demonstrate the need based on challenging legal and/or credit histories. The individual pays no more than 30% of his/her adjusted income towards rent that is placed in an escrow account. The escrow account is developed to assist individuals with down payments, move-in costs, and other housing costs upon termination of their housing subsidy.

HOPE Housing Program Application Process:

1. The clinical team identifies a recipient as a candidate for the HOPE Housing Program (Priority Population or 17 1/2 – 25 years old, homeless or co-occurring and Adult SMI) Program.
2. The recipient and case manager must complete a Community Housing application and submit completed application to Magellan's Residential Services Housing team at 1 (866) 891-3693.
3. The clinical team will be notified that the Community Housing application has been received and the recipient is placed on the HOPE Housing waitlist according to date and time the completed application was received.
4. Once the recipient is at the top of the waitlist and funding is available, the Magellan Housing Coordinator notifies the case manager with a "Briefing Notice" with the date, time, and location of the briefing.
5. A recipient may be eligible for a "Priority Placement" on the HOPE housing Waitlist. A medical doctor must submit a letter stating the recipient has a medical condition requiring immediate placement into housing and the health of the recipient would be jeopardized if not housed expeditiously.
NOTE: All documentation must be on the doctors' letterhead
6. The case manager must contact the Magellan Housing Coordinator immediately before or after the missed briefing to reschedule another briefing date. If the recipient misses two scheduled briefings, the recipient will be removed from the waitlist and their application will be terminated.
NOTE: Magellan will only make exceptions if it is a medical emergency.
7. The case manager must be present at the briefing to assist the recipient, as needed, with understanding the requirements and in their housing search.
8. Once the recipient has selected and been approved for tenancy at a unit, the assigned housing provider will conduct a Housing Quality Standards (HQS) inspection prior to move in.
9. The recipient is provided a start-up packet and food gift card to begin their tenancy in their new unit. The case manager must assist the recipient and return any required receipts to the assigned housing

iv. Community Building

Community Building program is a model of mental health delivery built on the belief that every person who has psychiatric experiences can fully recover. Operated by Peer Recovery Coaches, it combines supported housing, recovery education, and peer support to help each person become self-determining and self-sufficient.

The goal of the program is independent living and self-sufficiency through employment and recovery. In Community Building, students find, create, and learn to keep a home of their own. They develop their strengths and a Self-directed Recovery plan for success. They learn to become part of the larger community based on the concept of Personal Recovery.

Individuals receiving Magellan SMI or GMH case management with AHCCCS Title 19 benefits are eligible. Community Building accepts referrals for individuals coming from the following: Homelessness, Supervisory Care Home Settings, ASH transition homes, 24 hour Residential placement and co-occurring disorders.

Community Building Referral Process:

1. The clinical team identifies a recipient as a candidate for the Community Building Housing Program.
2. The recipient and case manager must complete a Wellness City referral form and submit completed form to Recovery Innovations of Arizona (RIAz) at (602) 636-5219.
3. The clinical team will be notified that the Wellness City referral has been received and the recipient is placed on the Community Building housing waitlist according to date and time the completed referral and supporting documents are received.
4. Once the recipient is at the top of the waitlist and funding is available, the RIAz notifies the case manager with a “Briefing Notice” with the date, time, and location of the briefing.
5. The recipient is required to participate in classes through RIAz, during this time the recipient may begin their housing search.
6. A recipient may be eligible for a “Priority Placement” on the Community Building housing waitlist. A medical doctor must submit a letter stating the recipient has a medical condition requiring immediate placement into housing and the health of the recipient would be jeopardized if not housed expeditiously. *NOTE: All documentation must be on the doctors’ letterhead.*
7. The case manager must be present at the briefing to assist the recipient, as needed, with understanding the requirements and in their housing search.
8. The case manager must contact the RIAz Community Building team immediately before or after the missed briefing to reschedule another briefing date. If the recipient misses two scheduled briefings, the recipient will be removed from the waitlist and their application will be terminated. *NOTE: Magellan will only make exceptions if it is a medical emergency.*

9. Once the recipient has selected and been approved for tenancy at a unit, RIAz will conduct a Housing Quality Standards (HQS) inspection prior to move in.

v. NON-Nineteen Supported Housing Program

Magellan of Arizona through contract with the ADHS/DBHS and through a partnership with the Arizona Department of Housing (ADOH) has created a new housing initiative to expand the supply of Permanent Supportive Housing (PSH) in Arizona for non-title XIX individuals with serious mental illness enrolled in the public behavioral health system. PSH is a best practice housing approach that provides permanent housing (typically rental apartments integrated in the community) linked with voluntary and flexible community-based services. The PSH model is based on a philosophy that supports the individual's choice and empowerment, rights and responsibilities of tenancy, and appropriate flexible, accessible, and available services that meet each individual's changing needs.

The NNH is a tenant-based rental assistance program with basic policies similar to the federal Section 8 Housing Choice Voucher (HCV) program. This is an independent, permanent, community-based housing program mirroring the Bridge Subsidy Program (BSP). Through our contract with Arizona Behavioral Health Corporation (ABC), a Public Housing Administrator, ABC will work with two Public Housing Authorities to transition individuals who are Section 8 eligible to a Section 8 Housing Choice Voucher (HVC), this includes but is not limiting to, ABC applying for Section 8 HVC Disability Vouchers through Housing and Urban Development. The NNH program is independent housing that recognizes the individual choice and preference when selecting a unit. Individuals will achieve and maintain independent living, develop and foster community supports, expand social supports, maintain self-sufficiency, learn money management while developing community associations where they live work and play. Supportive services, if needed, are provided based on needs identified in the individuals' treatment plan. These support services could include: independent living skills, cultural awareness, substance abuse recovery, education and training, mental health education and awareness, basic Arizona Residential Landlord and Tenant Laws, Fair Housing Laws, and homeownership opportunities. Living arrangements include: independent community-based living arrangements with a rental subsidy scattered through out GSA 6 / RBHA. The individual pays no more than 30% of their adjusted income towards rent and utilities.

NNH Housing Program Application Process:

TBA

vi. RESTART and Transitional Living Program (TLP)

RESTART and TLP are short-term transitional housing opportunities for up to thirty (30) days to assist recipients' transition into their permanent housing or residential treatment program. RESTART is operated by Recovery Innovation of Arizona (RIAZ) and TLP is operated by Triple R.

- **RESTART** goal is to provide short term (up to 30 days) peer supported temporary housing for individuals receiving services for a serious mental illness. With a focus on helping participants develop and implement a Self-directed Recovery Plan, the Recovery Coaches will assist each participant in “restarting” their recovery journey. The peer services offered will support and promote recovery in all aspects of the person’s life. The level and type of peer services received by the person will depend on the person’s needs and choice of services, which will be individualized and directed by each person. **What services are offered?**
 - Hours of operations 8:00 am to 8:00 pm
 - Living skills training
 - Support provided by individuals who have shared experiences
 - Community support services and resources for integration back into the community.
 - Guests will be invited to participate in classes offered by RIAZ’s Recovery Education Center

- **TLP** the Transitional Living Program (TLP) provides supervision and services to support independence, teach home management and relapse prevention skills. Services encompass various levels of education, treatment, and support, the program goals and objectives are support recovery, rehabilitation and renewal: **What services are offered?**
 - Hours of operations 8:00 am to 6:00 pm
 - Medication prompting
 - Housing: Remove environmental barriers to recovery
 - Health and Wellness: Prepare persons to self-manage health, safety, and wellness
 - Employment/Meaningful Daily Activity: Develop, strengthen, and broaden natural supports
 - Symptom Management/Self-Determination: Develop illness management techniques and self-advocacy skills

How to Access RESTART/TLP:

1. The Clinical Team will notify Residential Services for those recipients needing a transitional bed using the RESTART/TLP request for transitional housing.
2. The Clinical Team will fax the request for RESTART/TLP to Residential Services at **1-866-568-6149**.
3. Residential Services will process and refer to the appropriate agency and notify the clinical team, provider as well as the social worker and care manager if applicable.
4. Clinical team must coordinate with the provider to complete the review process and if approved make arrangement to complete the intake.
5. The clinical team must deliver the referral packet to the provider at the time of intake and ensure the recipient has medication for at least seven (7) days. For those recipients referred to RESTART, please ensure a food box is provided or the recipient has income to purchase food.

C. Financial Assistance and Resources

i. Eviction Prevention and Move-In Assistance

The Magellan housing team works with Arizona Behavioral Health Corporation (ABC) and local social service programs in search of community resources and funding to prevent behavioral health recipients from being evicted and/or to assist them in moving into safe, appropriate housing. Magellan's housing team provides oversight and technical assistance for two programs.

ABC manages the Eviction Prevention and Emergency Housing (EP/EH) financial assistance program. Eligible program applicants can receive funds one-time only, not to exceed \$500, and must meet all of the following criteria: a) the applicant household is at or below 80% Area Median Income, b) the applicant is homeless or at risk of homelessness, c) documentation on the application indicates that all other community and personal resources have been exhausted. Additionally, eligible participants must specify those resources identified and the reason for denial. ***PLEASE CALL MAGELLAN'S RESIDENTIAL SERVICES DEPARTMENT AT 1 (800) 564-5465 FOR PROGRAM AVAILABILITY AND FUNDING.***

EP/EH Application Process:

1. The EP/EH application must be completed in full by the case manager. The application, W9, and supporting documentation e.g. invoice, statement, bill, etc. is faxed to ABC at 602-712-9222 for approval or denial.
2. After review and approval, ABC will forward EP/EH application, to Magellan's housing team to process the payment to the vendor.
3. Magellan housing team will process the approval from ABC and send the request to Magellan's corporate office to process the check, this can take 48 – 72 hours after all the required documentation have been received.
4. The Magellan housing staff will notify the case manager via email when the check is ready for pick-up. All **EP/EH** checks must be picked at Magellan's Administrative Offices at 4801 East Washington Street, Phoenix, AZ 85034.
5. The case manager must return a recipient the funds were paid on behalf of the recipient to the Magellan housing team by interoffice mail.
6. Eligible activities for financial assistance and the following information must be attached:
 - a. Eviction prevention for non-payment of rent. A copy of eviction notice with application must be provided. Households receiving any type of rental subsidy are NOT eligible for this assistance
 - b. Eviction prevention for disconnection of one or more utilities. Applicants must provide a copy of the disconnect notice with application.
 - c. Rental security & utility deposits. The applicant must provide documentation of deposits required by landlord and/or the utility company.
 - d. Hotel/motel vouchers and Short Term Housing Assistance. This assistance is available to individuals who are homeless and have permanent housing in place but are not immediately available for move-in. ABC would provide additional information.

ii. Financial Assistance Program (FAP)

The Financial Assistance program will increase the availability of permanent, safe and secure housing options for our priority population class members, through offering financial assistance and facilitating progressive moves into the community based on individual needs, choices, and preferences. These funds will be available on a one-time only basis and will be distributed in the form of grants on behalf of eligible individuals. There are no fees or penalties for the program. FAP financial assistance allows for a limited number of individuals to receive up to \$800 each to defray the cost of rent and security deposits, utilities, and other housing related expenses. Exceptions to the cap may be made for individuals on a case-by-case basis, according to the severity of the situation. Funds are assigned based on the eligibility and stability of the individual, availability of funds, severity of need, and with the support of the Individuals' clinical team. If an individual is denied financial assistance through the Financial Assistance Program or if they are dissatisfied with the assistance offered, an appeal may be filed through the grievance and appeals process. Checks will be issued directly to the vendor i.e. landlord, utility company. Funds are available, but not limited to, the following services:

- a. Utility deposits and service start-up fees e.g. gas, electric, and water
- b. Telephone service start-up fee (if medically necessary)
- c. Deposits for rent and security

PLEASE CALL MAGELLAN'S RESIDENTIAL SERVICES DEPARTMENT AT 1 (800) 564-5465 FOR PROGRAM AVAILABILITY AND FUNDING.

Financial Assistance Application Process:

1. The Financial Assistance Program application must be completed in full by the case manager. The application, W9, and supporting documentation e.g. invoice, statement, bill, etc. is faxed to Magellan Residential Services Housing team at 1 (866) 891-3693 for approval or denial.
2. After review and approval, Magellan's Housing team will process the application and send the request to Magellan's corporate office to process the check, this can take 48 – 72 hours after all required documentation have been received.
3. The Magellan housing team will notify the case manager via email when the check is ready for pick-up. All **FAP** checks must be picked at Magellan's Administrative Office at 4801 East Washington Street, Phoenix, AZ 85034.
4. The case manager must return a recipient the funds were paid on behalf of the recipient to the Magellan Housing team by interoffice mail.

iii. **Bridge Subsidy Program (BSP) Financial Assistance**

The BSP Financial Assistance is designed to facilitate progressive moves into the community based on individual needs, choices, and preferences. The BSP financial assistance will offer financial assistance for eligible participants entering into the BSP/City of Phoenix Housing program. These funds will be available on a one-time only basis and will be distributed in the form of grants on behalf of eligible BSP participants only; there are no fees or penalties for the program. Participants are eligible to receive up to \$1,400.00 each to defray the cost of rent, security deposits, utilities deposits, and other housing related expenses. Funds are assigned based on the eligibility and stability of the individual, availability of funds, severity of need, and with the support of the Individuals' clinical team. If an individual is denied financial assistance through the BSP Financial Assistance or if they are dissatisfied with the assistance offered, an appeal may be filed through the grievance and appeals process. Checks will be issued directly to

the vendor i.e. landlord, utility company. Funds are available, but not limited to, the following services:

- a. Utility deposits and service start-up fees e.g. gas, electric, and water
- b. Deposits for rent and security

PLEASE CALL MAGELLAN'S RESIDENTIAL SERVICES DEPARTMENT AT 1 (800) 564-5465 FOR PROGRAM AVAILABILITY AND FUNDING.

BSP Financial Assistance Application Process:

1. The Financial Assistance Program application must be completed in full by the case manager. The application, W9, and supporting documentation e.g. invoice, statement, bill, etc. is faxed to Magellan Residential Services Housing team at 1 (866) 891-3693 for approval or denial.
2. After review and approval, Magellan's Housing team will process the application and send the request to Magellan's corporate office to process the check, this can take 48 – 72 hours after all required documentation have been received.
3. The Magellan housing team will notify the case manager via email when the check is ready for pick-up. All **FAP** checks must be picked at Magellan's Administrative Office at 4801 East Washington Street, Phoenix, AZ 85034
4. The case manager must return a recipient the funds were paid on behalf of the recipient to the Magellan Housing team by interoffice mail.

iii. Recovery Empowerment Network (REN) Food Pantry Administrator

Magellan contracts with REN to provide food box assistance and other services for our behavioral health recipients. REN's mission is to provide peer-owned and operated services; to provide a unified voice for behavioral health consumers of Maricopa County and to work to change or enhance a service delivery system which meets the needs and desires of the people we are charged to serve.

REN's Food Pantry provides emergency assistance to individuals and families with short-term food needs. Food boxes contain non-perishable food items; water, fruit, and bread are occasionally available. REN makes weekly visits to the clinics for delivery of orders and pick-up referrals for new orders. For questions about orders including picking-up referrals and delivery of food boxes please call REN at (602) 248-0368. For general question regarding St. Mary's Food Bank Alliance call (602) 242-3663.

Food Pantry Process:

1. The case manager must complete a food bank training with REN to receive a St' Mary's identification card.
2. The case manager completes the referral for each recipient in need of a food box.
3. The referral must be legible and include the recipient first name, last name, date of birth, social security number, number of boxes received in the month ordered, case manager's name and food bank identification number.
4. REN conduct weekly visits to deliver food boxes ordered from the previous week and pick-up referrals for delivery on the following week.

VI. Program Oversight and Reporting

A. Semi Annual Monitoring Plan and Property Maintenance Guidelines

The purpose of the plan is to ensure our innovative continuum of housing programs offers decent, safe, sanitary housing opportunities in healthy communities. The purpose of the guidelines is to clarify the relationship between the RBHA, Property Owners, Housing Providers, Service Providers, and Tenants with regard to maintaining properties. Each house or apartment will have unique issues related to its operation and maintenance that require independent judgment and interpretation. The plan and guidelines, in conjunction with current lease agreements, contracts, and regulations, are meant to assist in our efforts and will, when applicable, direct the appropriate agency (s) in carrying out their responsibilities.

B. Court Hearings and Legal Issues

Magellan's Residential Services team works with both internal and external attorneys on legal issues specific to housing. Magellan's Residential Services team attends housing related court hearings and assists with settlement negotiations. Magellan's Residential Services team coordinates trainings with Community Legal Services on the Arizona Residential Landlord and Tenant Act, Fair Housing, Americans with Disabilities Act, Slumlord Act and other trainings as deemed necessary.

C. Networking

The Director of Residential Services provides guidance and/or interpretation of policy and procedures to NPOs, QSPs, landlords, social service agencies, stakeholders, advocacy groups and tenant groups on the day-to-day operations of Magellan's' housing programs.

D. Training

Magellan's Residential Services team conducts housing and residential training for new and existing case managers, stakeholders, NPOs, QSPs and social service agencies on Magellan's Residential and Housing programs. The Residential Services team provides Housing Specific Competency Trainings for Housing Specialists at the NPOs and QSPs. The Residential Services Director conducts presentations, workshops, planning meetings, and/or housing advocacy with community groups, behavioral health recipients and stakeholders both locally and nationally.

In addition, the Residential Services team has a strong collaboration with Community Legal Services' (CLS) attorneys to conduct intense legal training. Subjects include: the Arizona Residential Landlord and Tenant Act, the Mobile Home Act, the Fair Housing Act as amended in 1964, the Americans with Disabilities Act and the Slum Lord Act. The Residential Services team collaborates with staff attorneys at CLS to host trainings for Magellan staff and housing providers at no charge to the RBHA. Magellan's Residential Services team maintains and builds community relationships with CLS, who provides RBHA behavioral health recipients with free legal advice and in some cases; CLS may provide representation at Justice Court proceedings and hearings.

E. Clinical Site Staffings

The Residential Services team provides technical assistance and advice on housing matters such as the landlord tenant act, HUD rules and regulations, Fair Housing, Section 8 regulations and American Disability Act (ADA) to clinical teams.

F. Grievance and Appeals/Customer Service

The Residential Services team works closely with our grievance and appeals staff as well as customer service staff on matters related to housing. The housing staff provides technical assistance, trains, and confers with case managers, NPOs, QSPs and local units of government on HUD regulations, landlord tenant issues, and housing provider termination issues. The Residential Services team reviews occupancy agreements, leases and assist in mediating disputes between landlords, housing providers, and behavioral health recipients in attempts to resolve complaints.

VII. Confidentiality and Privacy

Magellan recognizes the increased complexity of protecting BHRs' privacy while managing access to, and the release of, protected health information (PHI) about them. Magellan is responsible for HIPAA compliance with the creation, implementation and maintenance of privacy-compliance related activities.

APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Sex	Social Security Number
Do you use any other Social Security Number or Name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes: SSN: _____ Name(s): _____			Date of Birth (MM/DD/YY)	
Monthly Income:	Source of Monthly Income:	Veteran of the U.S. Armed Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Living Situation: <input type="checkbox"/> On the Street <input type="checkbox"/> Other _____ <input type="checkbox"/> Emergency Shelter CIS ID # _____ <input type="checkbox"/> Transitional Housing				

EQUAL HOUSING OPPORTUNITY INFORMATION

Race – Check All that Apply	Ethnicity	Disability
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Disabled <input type="checkbox"/> Enrolled in RBHA
If the applicant is claiming disability status, will he/she require any of the following? <input type="checkbox"/> A wheelchair accessible barrier free unit <input type="checkbox"/> Other modifications to unit <input type="checkbox"/> Unit for Hearing-Impaired <input type="checkbox"/> 1 st floor unit <input type="checkbox"/> Additional Bedrooms <input type="checkbox"/> Unit for Vision-Impaired If you checked any of the above boxes, please explain exactly what you will need to accommodate your situation. _____ _____		
If the applicant is claiming disability status, will he/she require a live-in aide or care attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERRING AGENCY

Referring Agency (RBHA, DRC, Shelter, etc.)	Name and Title	Phone – (10 digits)
Representative Payee Name (If Applicable)	Agency	Phone – (10 digits)

PLEASE CHECK ANY SPECIAL NEEDS THE APPLICANT MAY HAVE:

<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical Disability	Felony Conviction? Yes ____ No ____ (This is NOT a bar to Program Eligibility.)
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Developmentally Disabled	
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Other _____	

Agency Representative and Participant- Please Sign and Date

Applicant Signature: _____ Date: _____

Agency Rep. Signature: _____ Date: _____

Title: _____



ABC Homeless Housing Programs
Verification of Homelessness Form
FAX to ABC at 602-712-9222

Today's Date: _____ CIS ID Number: _____

Applicant Name: _____

Social Security Number: _____ DOB: _____

If applicant is enrolled with Magellan, the Regional Behavioral Health Authority, please complete:

Case Manager: _____

Site: _____

Phone Number: _____

Does this consumer meet the chronically homeless definition?

Living on the streets for 1 year or more, or experienced 4 or more episodes of homelessness within the last 3 years?
(Documentation must be in writing)

Yes No

Check the box which describes the consumer's current homeless situation and attach the appropriate documentation with this form. **Applications will not be accepted without the proper documentation as described below.**

- Consumer lives in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings (on the street).**

Documentation Needed:

Please document consumer's living situation such as where, how long, and personal observations. Please document on letterhead and both case manager and applicant must sign and date this document.

Example: *Joe has been living under the 7th Ave Bridge for the last 6 months. This case manager has found the consumer at this area with his personal belongings and sleeping bag and certifies that the consumer is in fact homeless.*

If the case manager does not have first hand knowledge of applicant's homelessness, another service provider may provide the documentation, such as an outreach worker. It must follow the same format as above and signed by the person completing the verification.

- Consumer has been in an emergency shelter.**

Documentation Needed:

Please obtain written verification from the emergency shelter staff that the consumer has been residing at the emergency shelter for homeless persons. The verification should be on agency letterhead, signed and dated.

- Consumer is in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter**

Documentation Needed:

Please obtain written verification from transitional housing facility staff that the consumer has been residing at the facility. The verification should be on agency letterhead, signed and dated.

In addition, obtain written verification that the consumer was living on the streets or in an emergency shelter prior to living in the transitional housing facility, or discharged from an institution, or evicted prior to living in transitional housing facility and would have been homeless if not for the transitional housing program.

Example: *Document the phone call to emergency shelter that consumer was at homeless shelter prior to entering transitional housing program. Please include dates of stay and the name of shelter staff member.*

All questions can be directed to Nicky Stevens, Housing Specialist for Arizona Behavioral health Corporation at (602) 712-9200 x207 or by email to NickyS@azabc.org

To be completed by ABC:

I certify that this Consumer meets the HUD Definition of Homelessness and there is documentation that demonstrates the applicant's eligibility.

ABC Representative

Date



CERTIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES

RE: _____
Name of Applicant _____ CIS Number _____

I authorize the release of information, relative to my physical or mental impairment, to Arizona Behavioral Health Corporation, to verify whether my handicap or disability is covered by the definitions below. This information will be used to verify my eligibility, or will allow deductions to me, under certain housing programs.

Applicant Signature: _____ Date: _____

The definition of a disabled person includes a person who meets any one of the following criteria:

1. Has a physical, mental, or emotional impairment that:
 - Is expected to be of long-continued and indefinite duration;
 - Substantially impedes his or her ability to live independently, and;
 - Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

- OR -

2. Has a disability as defined in Sec. 223 of the Social Security Act (42 U.S.C. 423):

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months," or

"In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

- OR -

3. Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)):

"Severe chronic disability that: (a) is attributable to a mental or physical impairment or combination of mental and physical impairments;(b)is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and (e) reflects the person's needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

CERTIFICATION OF DISABILITY (Must be signed by Doctor or Nurse at Clinic)

In my professional opinion, the applicant DOES / DOES NOT meet the definition of a Disabled Person, as defined above.

Signature

Date

Printed Name and Professional Title

Phone Number

Office Name and Address

PENALTIES FOR MISUSING THIS CONSENT:

Title 19, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, (or any employee of HUD) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD responsible for the unauthorized disclosure or improper use.



City of Tempe Housing Services
 21 E. Sixth St., Suite 214
 Tempe, AZ 85281
 www.tempe.gov/housing

SUPPORTIVE HOUSING PILOT PROGRAM APPLICATION

This application does not obligate you or the City of Tempe Housing Services in any way. Please complete the entire form.

Last Name: _____ First Name: _____

Other Names Used: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

Message Telephone #: _____ Email Address: _____

Do you have a valid form of ID? (check all that apply)

- Driver's license Birth Certificate U.S. Passport
- Tribal certificate or BIA affidavit of birth State I.D.
- U.S. certificate of naturalization or citizenship
- I-94 form with a photograph
- Employment authorization document or refugee travel document

Race: American Indian or Alaska Native White Asian African American Native Hawaiian or Pacific Islander Other Multi-Racial

Ethnicity: Hispanic Non-Hispanic

Gender: Female Male Transgendered Refused to answer

Are you homeless in Tempe? Yes No

How long have you been homeless?

- One week or less More than one week 1-3 months
- 3 months to 1 year 1 year or longer Don't know

Current Living Situation: Emergency Shelter Psychiatric Hospital Transitional Housing Jail, prison, detention facility

Domestic Violence Shelter Place not meant for human habitation (street, etc.)

Other _____

Length of Stay in Current Place:

- One Week or Less More than one week
- 1-3 months 3 months to 1 year
- 1 year or longer Don't know



Homeless Prevention and Rapid Re-Housing Program (HPRP) SELF-DECLARATION OF HOUSING STATUS

HPRP Applicant Name: _____

- Household without dependent children (complete one form for each adult in the household)
 - Household with dependent children (complete one form for household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.
- I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next ____ days.

I certify that the information above and any other information I have provided in applying for HPRP assistance is true, accurate and complete.

HPRP Applicant Signature: _____ Date: _____

HPRP Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for HPRP assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

HPRP Staff Signature: _____ Date: _____



Homeless Prevention and Rapid Re-Housing Program (HPRP) HOMELESS CERTIFICATION

HPRP Applicant Name: _____

- Household without dependent children (complete one form for each adult in the household)
 - Household with dependent children (complete one form for household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Transitional Housing

- The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

- emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature: _____ Date: _____



Homeless Prevention and Rapid Re-Housing Program (HPRP) LIKELY TO SUCCEED IN HOUSING CERTIFICATION

HPRP Applicant Name: _____

- Applicant has an ongoing relationship with the Homeless Service Provider agency I represent.
- Applicant verbalizes an interest in ending their homelessness.
- Applicant demonstrates a willingness to engage in services (i.e. mental health, treatment programs, etc.) that will address the issues that led to their homelessness.
- Applicant demonstrates an ability to follow through on goals set with caseworkers.
- Applicant does not meet the Likely to Succeed criteria.

This is to certify that based on my expertise as a Homeless Service Provider the above named individual or household is assessed to be likely to succeed in supported housing.

Homeless Service Provider Program Name: _____

Authorized Agency Representative Signature: _____ Date: _____



Tempe Permanent Supportive Housing
RELEASE OF INFORMATION

Date: ____/____/____

Provider Completing Form: _____

CLIENT INFORMATION

Form with fields: Last Name, First Name, Middle Name, Social Security #, Date of Birth

AUTHORIZATION TO RELEASE OR REQUEST INFORMATION

Between agencies involved with the Tempe Permanent Supportive Housing Project & its partners who include:

AZ Dept. of Health Services • CHOICES • City of Tempe • Healthcare for the Homeless • Magellan Health Services • Southwest Behavioral Health Services
PATH • The Salvation Army • Veteran Services • Valley of the Sun United Way • Community Bridges • Tempe St. Luke's Hospital

OTHER _____ OTHER _____ OTHER _____

I, the undersigned, authorize and consent to the disclosure of information in order to better receive services and treatment from the above named entities in order to move quickly towards housing for myself. I GIVE PERMISSION FOR ALL PARTNERING AGENCIES LISTED ABOVE TO DISCUSS MY CASE IN ORDER TO SUPPORT MY APPLICATION AND INVOLVEMENT IN THE PROGRAM; THIS DISCUSSION MAY INCLUDE: SUBSTANCE USE HISTORY, MEDICAL CONDITION/DIAGNOSIS, MEDICATION, PSYCHIATRIC DIAGNOSIS/EVALUATION OR TREATMENT INTERVENTIONS/PLAN. I understand that I may revoke my authorization at any time, but the revocation cannot reverse information previously shared between the named entities. I also authorize the use of fax/photocopy of this for the release of information described above.

The Maricopa Homeless Management Information System (HMIS) is used by homeless provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies in order to improve the coordination and delivery of your services. By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered in the HMIS database,
• Acknowledging that basic demographic information about you/your family may be viewed by other homeless provider agencies. This includes name, age and social security number. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself/your family. IF THERE IS A REASON THAT PROVIDING YOUR NAME/NAME OF OTHER MEMBERS OF YOUR FAMILY WOULD PLACE YOU/YOUR FAMILY MEMBER AT RISK, PLEASE INDICATE HERE TO REQUEST THAT THIS INFORMATION NOT BE SHARED WITH OTHER AGENCIES (A list of the agencies who may be provided information can be viewed on the Maricopa HMIS Project Website: www.cir.org/hmis/contacts.html).

Date of Consent ____/____/____ (required)

Date of Expiration ____/____/____ (if not filled in, will expire in 2 years)

Date of Revocation ____/____/____ (if applicable)

PRINT CLIENT NAME

CLIENT SIGNATURE

PRINT STAFF NAME

STAFF SIGNATURE

Notice to recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of this information without the written consent of the person to whom it pertains. If you have received this in error, please contact the sender to arrange for disposition of the information.



SELF-SUFFICIENCY MATRIX

Tenant Name: _____ DOB: _____

Staff Member: _____ Date: _____

Please Select Evaluation Time: Move-in 6 Month 1 Year 18 Month 2 Year

DOMAIN	Score	1	2	3	4	5
Income		No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
Employment		No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
Housing		Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
Food		No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
Childcare		Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
Children's Education		One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.
Adult Education		Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.
Legal		Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.

Health Care	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) on AHCCCS.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.
Family Relations	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
Parenting Skills	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed

Please **fax** the completed document to Amy Schwabenlender of Valley of the Sun United Way: **602-776-3341**. Thank you!



RIAZ WELLNESS CITY REFERRAL FORM

Recovery Innovations of Arizona
2701 N. 16th Street, Suite 316, Phoenix, AZ 85006 Phone
(602) 650-1212 Secure Fax (602) 636-5219



Goal: The goal of Wellness City is to provide opportunities for people to increase emotional, intellectual, occupational, physical, social, and spiritual, community living, recreation/leisure, and financial wellness in their lives.

Name: _____ Date of Birth: _____
Phone Number: _____ Gender: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Person to contact in case of Emergency: _____ Phone: _____
Name of the Referring Agency (specific clinic or location): _____
Name of Staff Member making Referral: _____ Title: _____
Phone # of Staff Member making Referral: _____

- Listed below are the Wellness City Group Services. A person can start these right away!**
- ❖ **WRAP:** Peer-facilitated classes, in which students learn skills to monitor, manage and eliminate psychiatric symptoms.
 - ❖ **WELL:** Peer-facilitated classes about enhancing self-sufficiency and wellness skills through daily life.
 - ❖ **Circle of Friends:** Free community activities -- great opportunities to enhance social skills and make new friends. Bingo, bowling, karaoke, movies, OK Socialites, and many other fun activities!
 - ❖ **Recovery Education Center:** Offers a variety of classes and workshops, all from a recovery perspective. Classes available for college credit or for personal enrichment. Students can earn an Associate's Degree in Recovery!
 - ❖ **Wellness City Central:** A variety of programs focused on whole-person wellness: Health & Recreation, Creative Arts, Nutrition, Employment, Financial Services, Community Connection, Fitness, Leadership Development, and more!

- Below are Wellness City Individual Services. Please check each program that you are interested in.**
- ❖ **Peer Recovery Team:** One-on-one peer support helping people reconnect to the community, discover wellness tools that work for them, and build natural supports. Services can be In-home and/or community-based.
 - ❖ **FREE@RIAZ:** Offers one-on-one peer support, education, fun, and social activities for young adults, ages 18-24.
 - ❖ **Community Living:** The Community Building and Another Chance Programs offer supported career exploration, recovery education, and supportive housing services in independent apartment settings. Counseling services and peer support for individuals with dual mental health and substance challenges. **Additional eligibility requirements apply for these programs. Call 602-650-1212 for information.**

Clinical Team, Please complete this section with the Person Receiving Services. Please forward this form along with current State Core Assessment (Parts A-E) to the address or fax # listed above.

Diagnosis Code: _____ (Diagnosis Code documentation is available at the PNO Clinic upon request).

AHCCCS/Title 19: Yes No Please check which system person receives services in: SMI GMH GMH/SA

Specify goal(s) in ISP that Wellness City will assist with: _____

Is Current State Core Assessment (Parts A-E) attached? Yes No If not, date it will be sent: _____

Participant's Signature _____ Date Signed _____ Case Manager/Referring Staff Member's Signature _____ Date Signed _____

Print Name of Behavioral Health Professional & *Credential(s) _____ Signature _____ Date Signed _____

*BHP can be an MD, NP, LIC SW, LPC, or an RN who has at least 1 year FT behavioral health experience.

Type of Housing: **Select**

Direct Care Clinic:

I. Recipient of Care

Recipient of Care: CIS ID #: DOB: SSN:

Priority Population: Yes No Category of Priority Population: Select

ACT Team Yes No Homeless: Yes No Title XIX: Yes No COT: Yes No

Current Setting: City: Select AZ Zip

Recipients Current Address:

II. Living Environment

If recipient lived independently at some time over the last three years, what was the most reason for leaving (*please check all that apply*):

Voluntary Hospitalization Inpatient Substance Abuse Eviction

Jail/Prison Other:

Is the recipient interested in moving from current environment? Yes No If yes, Geographical Preference: Select
If yes, Living Environment: Select

Does the recipient have a pet? Yes No If yes, does the pet meet the Americans Disability Act? Yes No

Does the recipient have a co-occurring/substance abuse? Yes No Provider Agency:

Does the recipient have legal issues? Yes No Type: Select Sex Offender: Yes No Level: Select

Does the recipient have a Probation Officer Parole Officer If yes,
NAME:
ADDRESS: PHONE:

Does the recipient have a legal guardian? Yes No If yes,
NAME:
AGENCY: PHONE:

Current Sources of Income: (*please check all that apply*)

SSI \$ SSDI \$ Social Security \$ GA \$

VA \$ AFDC/TANF \$ Unemployment Benefits \$ Employment \$

Sources of financial assistance applied for or will apply for:

Does the recipient own any of the following household items? (*please check all that apply*)

Bed Dresser Night Stand Coffee/End Table Sofa Other e.g. language/medical/etc:

Dining Table Pots/Pans Dishes Storage Containers Utensils

Towels Sheets Blankets Cups/Glasses Pillows

Bath Mats Shower Curtain Lamps Cleaning Supplies Comforter

Describe type of housing needed: Select

Does the recipient have any barriers and what type of assistance is needed? (*please check all that apply*)

BARRIERS

Has friends at current location Does not know where else to live

Sense of community at current Cannot afford to live independently

Fear of the unknown Cannot afford to move

Wants a roommate Poor credit history

Poor ADL/ILS Poor rental history

Medical Issues Criminal background

Substance Abuse Issues Other

TYPE OF ASSISTANCE NEEDED

Ongoing rental subsidy

One-time only assistance

Fix up/Rehab

Credit/rental history repair

Don't Know

Other

Please explain all that apply:

Has the recipient applied for other housing? Yes No If yes, Housing Type: Select

III. Signatures

Case Manager: Print Name: Date:

Clinical Coordinator: Print Name: Date:

Please complete this form online, print and fax to the Housing Team at 1-866-891-3693



Bridge Subsidy Program Bridge Subsidy Program (BSP) Tenant-Based Rental Assistance

BRIDGE SUBSIDY PROGRAM

The Bridge Subsidy Program (BSP) is a tenant-based rental assistance program with basic policies similar to the federal Section 8 Housing Choice Voucher (HCV) program. This program is designed as a “bridge subsidy” to help individuals eventually access HUD Section 8 Housing Choice Vouchers. To this end, the Bridge Subsidy Program (BSP) will mirror to the extent possible HUD’s Section 8 HCV Program. ADHS/DBHS tenants will receive BSP rental assistance until they are able to access a Section 8 Housing Choice Voucher.

PLEASE NOTE: For Section 8 HCV eligibility, Sex offenders are denied for life. A history of violent or drug related criminal activity will result in the denial of the applicant. Anyone on probation is denied. To be approved, an applicant must have completed probation or parole successfully and have no other criminal charges for 2 years after their release from probation or parole.

REFERRAL AND HOUSING PLACEMENT FORM

Name: _____ Date of Birth: _____

Social Security Number: _____ CIS ID#: _____

Gender: Male Female Title 19 Yes No

Is the applicant on probation? Yes No When did the probation end? _____

Client Population: SMI SMI & CSA PWA PWOD

Street Address: _____ Describe Housing: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Income/Source: _____/_____

Case Manager: _____ Clinical Director: _____

Direct Care Clinic/PNO: _____ Phone/Fax Number: _____

TO BE COMPLETED BY MAGELLAN HEALTH SERVICES RESIDENTIAL DEPARTMENT

The BSP requires that participants in the program meet the following criteria:

- I. Homeless Residing in a residential treatment setting Board and Care/boarding home
- Substandard living environment HUD Shelter Plus Care program

If homeless, please complete the Homeless Verification Form

II. Eligible for the Section 8 Housing Choice Voucher Program

III. Meet the Income Guidelines as extremely low income

Print Name and Title

Phone Number

Magellan Residential Services Signature

Date

**Homeless Housing Program
Verification of Homelessness Form**

Today's Date: _____ CIS ID#: _____

Applicant Name: _____

Social Security Number: _____ DOB: _____

Case Manager: _____

Clinic/PNO: _____ Phone Number: _____

Does this recipient meet the chronically homeless definition?

Living on the streets for 1 year or more, or experienced 4 or more episodes of homelessness within the last 3 years? (Documentation must be in writing)

Yes No

Check the box which describes the recipient's current homeless situation and attach the appropriate documentation with this form. Applications will not be accepted without the proper documentation as described below.

Recipient lives in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings (on the street).

Documentation Needed:

Please document recipient's living situation such as where, how long, and personal observations. Please document on letterhead and both case manager and applicant must sign and date this document.

Example: Joe has been living under the 7th Ave Bridge for the last 6 months. This case manager has found the recipient at this area with his personal belongings and sleeping bag and certifies that the recipient is in fact homeless.

If the case manager does not have first hand knowledge of applicant's homelessness, another service provider may provide the documentation, such as an outreach worker. It must follow the same format as above and signed by the person completing the verification.

Recipient has been in an emergency shelter.

Documentation Needed:

Please obtain written verification from the emergency shelter staff that the recipient has been residing at the emergency shelter for homeless persons. The verification should be on agency letterhead, signed and dated.

Recipient is in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter

Documentation Needed:

Please obtain written verification from transitional housing facility staff that the recipient has been residing at the facility. The verification should be on agency letterhead, signed and dated.

In addition, obtain written verification that the recipient was living on the streets or in an emergency shelter prior to living in the transitional housing facility, or discharged from an institution, or evicted prior to living in transitional housing facility and would have been homeless if not for the transitional housing program.

Example: Document the phone call to emergency shelter that recipient was at homeless shelter prior to entering transitional housing program. Please include dates of stay and the name of shelter staff member.



City of Phoenix
HOUSING DEPARTMENT

PRE-APPLICATION

This form is used for placement on the waiting lists for housing programs you have chosen. Applicants must be 18 years of age to apply.

PLEASE USE PEN/INK

PLEASE PRINT CLEARLY

FAMILY COMPOSITION

Head of Household

Last Name of Head of Household 1.		First Name		Middle Initial	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Do you use any other social Security Number or Name? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Name/Number:				Date of Birth		Place of Birth (City, State, Country)	
Marital Status – Please check only one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							
Current Address:		Apt. #:	City, State:		Zip Code	Primary Phone ()	
Mailing Address:		Apt. #:	City, State:		Zip Code	Secondary Phone ()	

AFFIRMATIVE ACTION INFORMATION Applicants are considered for housing without regard to race, color, religion, sex, national origin, or sexual orientation. To help us comply with Federal/State recordkeeping, reporting and other legal requirements, please check the appropriate boxes.

Race (Check All That Apply)			Ethnicity (Check One)		Is the Head of Household or Spouse:	
1. <input type="checkbox"/> White	2. <input type="checkbox"/> Black/ African American	3. <input type="checkbox"/> American Indian/ Alaska Native	1. <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Elderly, 62 or older		<input type="checkbox"/> Handicapped / Disabled
4. <input type="checkbox"/> Asian	5. <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		2. <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> None of These		

Does your family need reasonable accommodations? Yes No (If yes, indicate type needed)

Wheelchair Accessibility Visual Impairment Hearing Impairment Separate Sleeping Quarters

Household Composition and Characteristics **List only those members who will be living with you.

Last Name 2.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name 3.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name 4.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name 5.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name 6.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name 7.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name 8.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5	Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you work? Yes No What is your source of income? _____

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Signature: _____ Date: _____



RESTART/TLP REQUEST FORM

Recipient: SSN:	DOB: GENDER	MALE	TXIX	CIS #: YES	SMI:	YES
Referral Source: Other	CLINC: Arcadia	PHONE:				
	PNO: CHOICES	FAX:				
Clinical Coordinator: Clinical Director:	Email Address:		Email Address:			
Social Worker: Email Address:	Phone:		Fax Number:		Pager:	

Please fax all request for RESTART/TLP to 1 (866)568-6149

Does the recipient require 24 hour supervision / monitoring? If YES, referral NOT appropriate for RESTART/TLP.	No
Does the recipient require medication prompting? (this includes psychotropic and medical medications)	No
Has the recipient displayed any aggressive or assaultive behaviors within the past thirty (30) days?	No
Does the recipient have a history of fire setting behaviors?	No
Does the recipient have current or history of suicide attempts?	No
What is the recipients' transition plan from RESTART/TLP?	(Select One)
Probation/Parole Officer: No If yes, please give name/number:	
Guardian: Yes If yes, please give name/number:	

FOR RESTART/TLP USE ONLY

Accepted Y or N Date: _____ Declined* Y or N Date: _____ Admit Date: (If known) _____

<p>For the following reasons/codes:</p> <p>CLINICAL:</p> <p><input type="checkbox"/> Recipient has significant medical needs-C1</p> <p><input type="checkbox"/> Referral packet incomplete/outdated-C2 (NOT APPLICABLE FOR RESTART/TLP)</p> <p><input type="checkbox"/> Inappropriate level of care requested</p> <p><input type="checkbox"/> Higher LOC needed-C3a</p> <p>LEGAL:</p> <p><input type="checkbox"/> Recipient incarcerated, no release date scheduled-L1</p> <p><input type="checkbox"/> Recipient did not pass criminal background check-L2 (NOT APPLICABLE FOR RESTART/TLP)</p> <p><input type="checkbox"/> Recipient is a registered Sex Offender-L3(NOT APPLICABLE FOR RESTART/TLP)</p>	<p>ENVIRONMENTAL:</p> <p>Recipient does not meet HUD homeless criteria-E1 (NOT APPLICABLE FOR RESTART/TLP)</p> <p><input type="checkbox"/> Recipient declined location-E2</p> <p><input type="checkbox"/> Recipient has no income-E3 (NOT APPLICABLE FOR RESTART/TLP)</p> <p><input type="checkbox"/> Recipient <input type="checkbox"/> Clinical team <input type="checkbox"/> Guardian <input type="checkbox"/> Family – declined-E4</p> <p><input type="checkbox"/> No follow-through by clinical team-E5</p> <p><input type="checkbox"/> Recipient needs 1st floor-E6</p> <p><input type="checkbox"/> Recipient does not want RESTART/TLP-E7</p> <p><input type="checkbox"/> Does not want roommate-E8</p> <p><input type="checkbox"/> No Show-E9</p>
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Magellan Financial Assistance Program (FAP)

If you are a priority population recipient who needs financial assistance with a move to permanent housing or a better living environment, we may be able to help. Limited funds have been made available through the FAP on a **ONE-TIME ONLY** basis. These funds will be distributed in the form of a grant to assist eligible recipients with hardships related to **MOVING** or **COST OF LIVING** expenses. To apply for the FAP, please complete this application with your Case Manager. FAX 1-866-891-3693
All supporting documentation must be included with the application for consideration
Note: Submission of this application does not guarantee approval.

Priority Population: *Please Select* Non-priority Clinic: *Please Select* W.Camelback PNO: *Please Select* CHOICES

Name: _____ Telephone: _____ Zip Code: _____
 Address: _____ City: _____ CIS ID: _____
 Social Security Number: _____ AHCCCS ID: _____ DOB: _____

1. What type of assistance are you requesting?

****Please indicate amount requested for all that apply. Supporting documentation (moving estimates, rental agreement w/fee schedule etc.), must be submitted with this application. Please indicate if the funds are refundable or non-refundable. ****

Rent deposit	\$	Utility deposit/fee	\$
Security deposit	\$	Moving fees	\$
Cleaning deposit	\$	Other (explain	\$
Eviction Notice	Date of Eviction		\$
TOTAL AMOUNT			\$

2. Are you currently receiving, or have you received in the past year, financial assistance from any government agency or non-profit organization for any of the situations listed in Question 1?

YES Amount: \$ _____ Agency/Organization: _____ NO

3. Are you employed? YES NO

If YES, #of hours worked per week _____ Monthly net income \$ _____ *(Include proof of income with application)*

4. Do you receive any other income? (i.e., social security, VA benefits, etc.)?

YES Source: *Include proof of income with application* NO

5. What circumstances led to your financial hardship?

- | | | |
|--|---|--------------------------|
| a. Loss of income <input type="checkbox"/> | c. Unexpected expense(s) <input type="checkbox"/> | |
| b. Medical crisis <input type="checkbox"/> | d. Other <input type="checkbox"/> | <input type="checkbox"/> |

Please explain your selection:

6. Monthly Budget

EXPENSE	DESCRIPTION	AMOUNT
Food & Shelter:		
Rent		
Utilities:		
Gas		
Water		
Electricity		
Phone		
Groceries		
Transportation:		
Bus Fare		
Car Payment		
Car Insurance		
Gas		
Medical:		
Child Care:		
Other:		
	TOTAL MONTHLY EXPENSES:	
	TOTAL MONTHLY INCOME:	

Applicant acknowledges receipt of basic instruction in regarding personal budgeting. Applicant has the right to withdraw their application at any time before funds are distributed. Applicant has the right to appeal any decisions. By signing this application, you agree that the information you provided above is accurate and truthful.

Applicant's Signature: _____

Date: _____

* Case Manager Name (print) _____

NOTE: Applications for recipients who are not priority population will be reviewed case by case.

*Signature _____

Date _____

Housing Department Use Only

Received by: _____

Name (print)

Title

Date

Status: Approved

Date

Signature

Denied

Date _____

~~~~~  
 (Complete this section only if application is denied) Appeal Submitted: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Approved  Denied

## Magellan BSP Financial Assistance

- BSP resources are available to pay these move-in expenses in whole or in part, for up to a maximum amount of \$1,400 per participant.
- This deposit assistance will be provided on a one-time only basis.
- Magellan will award funds directly to the vendor only.
- Per Arizona Landlord tenant law, when the participant moves out of the unit, any remaining deposit funds will be paid back to the RBHA.

**To apply for the BSP Financial Assistance, please complete this application with your Case Manager.**

The completed application and supporting documentation must be **FAXED to 1-866-891-3693**

*All supporting documentation must be included with the application for consideration*

*Note: Submission of this application does not guarantee approval.*

Priority Population: *Please Select* AzSH    Clinic: *Please Select* Arcadia    PNO: *Please Select* CHOICES

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ CIS ID: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ AHCCCS ID: \_\_\_\_\_ DOB: \_\_\_\_\_

**2. What type of assistance are you requesting?**

**\*\*Please indicate amount requested for all that apply. Supporting documentation (moving estimates, rental agreement w/fee schedule etc.), must be submitted with this application. Please indicate if the funds are refundable or non-refundable. \*\***

|                     |                  |                     |           |
|---------------------|------------------|---------------------|-----------|
| Rent deposit        | \$               | Utility deposit/fee | \$        |
| Security deposit    | \$               | Moving fees         | \$        |
| Cleaning deposit    | \$               | Other (explain      | \$        |
| Eviction Notice     | Date of Eviction |                     | \$        |
| <b>TOTAL AMOUNT</b> |                  |                     | <b>\$</b> |

**3. Are you currently receiving, or have you received in the past year, financial assistance from any government agency or non-profit organization for any of the situations listed in Question 1?**

YES  Amount: \$ \_\_\_\_\_ Agency/Organization: \_\_\_\_\_ NO

**3. Are you employed?** YES  NO

If YES, #of hours worked per week \_\_\_\_\_ Monthly net income \$ \_\_\_\_\_ *(Include proof of income with application)*

**4. Do you receive any other income? (i.e., social security, VA benefits, etc.)?**

YES  Source: \_\_\_\_\_ *Include proof of income with application* NO

**5. What circumstances led to your financial hardship?**

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| c. Loss of income <input type="checkbox"/> | c. Unexpected expense(s) <input type="checkbox"/> |
| d. Medical crisis <input type="checkbox"/> | d. Other <input type="checkbox"/>                 |

Please explain your selection:

6. Monthly Budget

| EXPENSE         | DESCRIPTION             | AMOUNT |
|-----------------|-------------------------|--------|
| Food & Shelter: |                         |        |
| Rent            |                         |        |
| Utilities:      |                         |        |
| Gas             |                         |        |
| Water           |                         |        |
| Electricity     |                         |        |
| Phone           |                         |        |
| Groceries       |                         |        |
| Transportation: |                         |        |
| Bus Fare        |                         |        |
| Car Payment     |                         |        |
| Car Insurance   |                         |        |
| Gas             |                         |        |
| Medical:        |                         |        |
| Child Care:     |                         |        |
| Other:          |                         |        |
|                 | TOTAL MONTHLY EXPENSES: |        |
|                 | TOTAL MONTHLY INCOME:   |        |

Applicant acknowledges receipt of basic instruction in regarding personal budgeting. Applicant has the right to withdraw their application at any time before funds are distributed. Applicant has the right to appeal any decision.s. By signing this application, you agree that the information you provided above is accurate and truthful.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

|                           |        |
|---------------------------|--------|
| Case Manager Name (print) | *Email |
| *Signature                | *Date  |

| <i>Housing Department Use Only</i>                                                       |              |                                           |            |
|------------------------------------------------------------------------------------------|--------------|-------------------------------------------|------------|
| Received by: _____                                                                       |              |                                           |            |
|                                                                                          | Name (print) |                                           |            |
| Title                                                                                    | Date         | Status: Approved <input type="checkbox"/> | Date _____ |
| Signature                                                                                | Date         | Denied <input type="checkbox"/>           | Date _____ |
| ~~~~~                                                                                    |              |                                           |            |
| (Complete this section only if application is denied) Appeal Submitted: _____ Date _____ |              |                                           |            |

## Residential Services Care Package Request Form

Behavioral Health Recipient's who are Title XIX, SMI and enrolled in the Maricopa and a portion of Pinal County Regional Behavioral Health Authority (RBHA) and approved for Adult Residential Treatment and Community Living are required to bring their own personal items such as pots, pans, dishes, silverware, linens, cleaning supplies, food and other necessities. Most recipients discharging from level I facilities do not have the necessary items such as pots and pans to begin treatment in a recovery-based environment. A care package can be provided to a recipient meeting financial necessity after all usual channels available to recipient in the community have been exhausted. The care packages are given on a one-time basis only.

The items in the care package are the personal property of the recipient. Recipients must take all personal items with them as they transition through treatment into independent housing. The care package consists of the following items:

- |                                       |                                        |                                         |                                             |                                                 |                                                              |                                                                            |                                    |                                  |                                 |                                 |                                    |                                         |                                    |                                            |                                    |                                           |
|---------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------------------|---------------------------------|------------------------------------|-----------------------------------------|------------------------------------|--------------------------------------------|------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Kitchen Kit  | <input type="checkbox"/> Queen Bed Kit | <input type="checkbox"/> Basic Bath Kit | <input type="checkbox"/> Housekeeping Kit   | <input type="checkbox"/> Queen Air Mattress     | <input type="checkbox"/> Queen Mattress Cover (Bedbug Proof) | <input type="checkbox"/> À la carte ( <i>please check all that apply</i> ) |                                    |                                  |                                 |                                 |                                    |                                         |                                    |                                            |                                    |                                           |
| <input type="checkbox"/> Cups/Glasses | <input type="checkbox"/> Dishes        | <input type="checkbox"/> Pots/Pans      | <input type="checkbox"/> Storage Containers | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Utensils                            | <input type="checkbox"/> Blankets                                          | <input type="checkbox"/> Comforter | <input type="checkbox"/> Pillows | <input type="checkbox"/> Sheets | <input type="checkbox"/> Towels | <input type="checkbox"/> Bath Mats | <input type="checkbox"/> Shower Curtain | <input type="checkbox"/> Broom/Mop | <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Trash Can | <input type="checkbox"/> Personal Hygiene |

### HOW TO ACCESS CARE PACKAGES

1. The Case Manager will notify Residential Services for recipients needing a care package.
2. The Case Manager will fax the request for the care package to Residential Services at **1-866-891-3693**.
3. Residential Services will schedule a date and time for the Case Manager to pick-up the care package.
4. The Case Manager must pick-up care package from Magellan's Administrative office located at 4801 East Washington Street, Phoenix, AZ 85034
5. The Case Manager will sign the Residential Service care package pick-up receipt.

|                      |                  |               |
|----------------------|------------------|---------------|
| <b>Recipient:</b>    | <b>DOB:</b>      | <b>CIS #:</b> |
| <b>Case Manager:</b> | <b>DCC: 1300</b> | <b>Phone:</b> |

|                      |              |
|----------------------|--------------|
| <b>CARE MANAGER:</b> | <b>Date:</b> |
|----------------------|--------------|

**Please fax all request for Residential Services Care Packages to 1 (866) 891-3693**

**ADULT RESIDENTIAL TREATMENT CARE PACKAGE  
ACKNOWLEDMENT RECEIPT**

|                   |             |               |
|-------------------|-------------|---------------|
| <b>Recipient:</b> | <b>DOB:</b> | <b>CIS #:</b> |
|-------------------|-------------|---------------|

|                                          |                               |              |
|------------------------------------------|-------------------------------|--------------|
| <b>To be completed by Clinical Team:</b> |                               |              |
| <b>CASE MANAGER:</b>                     | <b>DCC: (Select One)</b>      | <b>DATE:</b> |
| <b>CASE MANAGER PRINT:</b>               | <b>CASE MANAGER SIGNATURE</b> |              |

|                                                 |                               |              |
|-------------------------------------------------|-------------------------------|--------------|
| <b>To be Completed by Residential Services:</b> |                               |              |
| <b>RESIDENTIAL SERVICES:</b>                    |                               | <b>DATE:</b> |
| <b>CASE MANAGER PRINT:</b>                      | <b>CASE MANAGER SIGNATURE</b> |              |

**Please file in the recipient's chart**