

# Community Supports- Housing Transition and Navigation Service Referral Form Information and Referral form



## This referral form is required for authorization

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

### What is Housing and Transition Navigation Services?

Housing Transition Navigation Services is a CS service aimed to assist Members experiencing homelessness, or at-risk of homelessness obtain housing by providing support such as housing applications, benefits, advocacy, securing available resources, and providing help with landlords upon move-in.

### CONSENT

Member/ Authorized Representative Consenting to Housing Navigation  YES  NO

Authorized Representative Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Reason Member unable to consent: \_\_\_\_\_

**If NO, please stop and do not continue.**

### MEMBER INFORMATION

Name: \_\_\_\_\_ Medi-Cal # CIN (9 digits): \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

Address: \_\_\_\_\_

### REFERRER INFORMATION

Referrer Name: \_\_\_\_\_ Referrer Phone Number: \_\_\_\_\_

Referrer Email: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Agency Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Referrer Signature

\_\_\_\_\_  
Date

**ELIGIBILITY CRITERIA**

**Member must meet one or more of the following eligibility criteria:**

- Member is prioritized for permanent supportive housing unit or rental subsidy through Coordinated Entry System (CES) or similar system **AND** one of the following:
  - Have one or more serious chronic condition or serious mental illness.
  - At risk of institutionalization or require residential services because of SUD or Serious Emotional disturbance.
  - Enrolled with ECM
  - Transition-Age Youth with significant barriers to housing stability.
  
- Member meets the Housing and Urban definition (HUD) of homelessness **AND** one of the following:
  - Have one or more serious chronic condition or serious mental illness.
  - At risk of institutionalization or require residential services because of SUD or Serious Emotional disturbance.
  - Enrolled with ECM
  - Transition-Age Youth with significant barriers to housing stability.
  
- Member is experiencing homelessness **AND** one of the following:
  - Have one or more serious chronic condition or serious mental illness.
  - At risk of institutionalization or require residential services because of SUD or Serious Emotional disturbance.
  - Enrolled with ECM
  - Transition-Age Youth with significant barriers to housing stability.

**If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039 or via the secure link**

**Secure Link:** <https://gateway.cencalhealth.org/form/cs>

**For any questions, please call the Community Supports Unit at (805) 562-1698**