

# Community Supports- Housing Tenancy and Sustaining Services 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 are Housing Tenancy and Sustaining services?

Housing Tenancy and Sustaining Community Supports services helps to maintain safe and stable residency once housing is secured for members who had been experiencing homelessness and are now newly housed.

### CONSENT

Member/Authorized representative Consenting to Housing Tenancy  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 currently receiving or has received Housing Transition Navigation services **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 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 at risk of 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.

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**ELIGIBILITY CRITERIA Cont.**

Organization who helped develop the Housing Support Plan:

Housing Transition Navigation Overlap Timeframe:  If Yes:   No

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

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

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