

# 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.

### Section 1: Member Information

Last Name:  First Name:  Middle Name:   
Medi-Cal # CIN: (9 digits/letter)  Date of Birth:   
Phone Number:  Email:   
Address:  City:  State:  Zip:   
Housed Date:  Preferred Language:

### Section 2: Referrer Information

Referrer:  Hospital/SNF  PCP/Clinic  Specialist  ECM  Other:

Referrer:   
Agency:  Agency Phone Number:   
Phone Number:  Fax Number:   
Referrer Signature:   
Date:

**Section 3: 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.

**Section 3: Eligibility Criteria (cont.)**

Organization who helped develop the Housing Support Plan: \_\_\_\_\_

Housing Transition Navigation Overlap Timeframe: \_\_ If Yes: \_\_\_\_\_ \_\_ No

- Member consented to Housing Tenancy Referral and acknowledges the once in a lifetime restriction.

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

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