

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.

Section 1: Member Information

Last Name: First Name: Middle Name:

Medi-Cal # CIN: (9 digits/letter) Date of Birth:

Phone Number: Email:

Preferred Language: Current living Situation:

Address: City: State: Zip:

Best place to locate Member:

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 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.

- Member consented to Housing Transition Navigation referral.

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.