HOUSING DEPOSIT REFERRAL FORM

Housing Deposits Services provide assistance with funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board. For more information, review the Housing Deposit Authorization Guide and the Housing Deposit Item List Example.

Complete and submit this referral form with the *Medi-Cal – Prior Authorization Request Form – Outpatient* either online (recommended) at **provider.healthnetcalifornia.com** or by **fax at 800-743-1655**.

☐ **Initial request** ☐ **Extension request**

☐ **Member consented to Housing Deposit referral.**

Eligibility Criteria

Member must meet <u>one</u> of the following:

☐ Member who received Housing Transition and Navigation services

☐ Member who is matched to a publicly funded permanent supportive housing resource or rental subsidy resources through the local Coordinated Entry System or similar system

☐ Member who meets the HUD definition of homelessness

Additional Eligibility Criteria

Has the member previously received Housing Deposit Community Support services from a California Medi-Cal health plan?

☐ Yes ☐ No

If yes, how much of the $6,000 lifetime maximum benefit has the member used?

☐ All (full $6,000) ☐ Partial amount used: $_____

Please provide an explanation of this extension request:

_____

1. **Has the member's assigned housing provider identified a reasonable and necessary financial need that requires Housing Deposit assistance?** ☐ Yes ☐ No
2. **Is member moving into permanent housing?** ☐ Yes ☐ No (If yes, please provide move-in date)
   Move-in date:_____

Member Information

Member name:	**Date of birth (DOB)**:
Medi-Cal ID:	**Preferred language:**
Home address:	**Phone number:**
Contact name: **(if different than member)**	**Relationship:**
Phone number:	**Preferred language:**

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Community Supports Provider Information (Servicing Organization)	
Organization name:	
Tax identification (ID):	**National Provider Identifier (NPI):**
Staff name:	**Title:**
Phone number:	**Fax number**:

Requested Items

Please check off each box the member is requesting assistance for and provide required documents.

☐ **Member's Individualized Housing Support Plan that explicitly indicates the need for Housing Deposits Services must be submitted in addition to other required documents.**

Requested Items	Required Documents
☐ Security deposits	☐ Lease with the member's name, amount for security deposit and move-in date
☐ Utility setup/deposit fees or utility bills	☐ Utility bill (must include all pages and the member's name must match)
☐ First/last month rent amount	☐ Lease with the member's name and the rent amount
☐ Goods	☐ Pre-purchase: online shopping cart itemized list **All shopping cart itemized lists and receipts must be kept in the member's record for auditing purpose.**
☐ Cleaning/pest or other service required for move-in	☐ Quote service cost
☐ Medically necessary adaptive aids and services	☐ Medi-Cal DME denial letter ☐ Receipts do not need to be submitted to the Plan, but must be kept in the member's records for auditing purpose

Total amount requested: $_____

Please round all costs up to the nearest full dollar amount.
Maximum allowance including taxes must not exceed $6,000.00.

Additional Comments: