



Move In Assistance Service Ticket

Member name: _____ Date of service: _____

Member AHCCCS number/ "S" number: _____ Date of birth: _____

Circle one: T19 NT19

Move In Assistance request requirements:

Mercy Care RBHA may provide a one-time temporary funding for behavioral health recipients who are TXIX and NTXIX SMI adults. Mercy Care RBHA has broad authority to provide this emergency assistance as it deems appropriate. Move in assistance is designed to provide members with assistance for short term need and related directly to their service plans and specific outcomes. Move in assistance is not a covered service and will be approved subject to availability of funding. Send to completed application and supporting documentation to SMIMemberServicesRequest@MercyCareAZ.org

Service Description (as applicable):

Purpose*	Description
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Vendor name: _____

Move in Assistance requested: _____

Requested amount*: _____

*Requests may not exceed \$1,525 lifetime amount and must be accompanied by:

- Vendor Invoice indicating requested amount
- ISP page reflecting need, vendor, amount, and date of move in request
- Progress note indicating reason for move in assistance
- Sustainability plan (including support services)
- W-9 for vendor
- Budget sheet

Requests/Approvals:

Title	Signatures (No signature stamp)	Date
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Direct Care Clinic: _____

Case Manager/Requester: _____

Clinical Director/ Site Administrator: _____

Regional Director: _____