

## Move In & Eviction Prevention Service Ticket

**Member Name:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Member CIS Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Fund Policy Statement and Request Requirements:**

Dependent on available funding, limited eviction prevention services, are available to assist members in securing housing and remaining housed. Members are to request services through their assigned behavioral health Clinic. The member's clinical team will determine whether a member is eligible and whether any requested service is appropriate on a case by case basis. All services are subject to availability of funding.

**Service Description (as applicable):**

<b>Purpose*</b> (Select One)	<b>Detailed Description</b>
<b>Housing/ Notice of Eviction:</b>	_____
<b>Utilities/ Shut-off Notice:</b>	_____
<b>Requested Amount*:</b>	_____

\*Requests are limited to a lifetime amount of \$1500.00

**Requests/Approvals:**

<b>Title</b>	<b>Signatures Required (No signature stamp)</b>	<b>Date</b>
<b>Direct Care Clinic:</b>	_____	_____
<b>Case Manager/Requester:</b>	_____	_____
<b>Clinical Director/ Site Administrator:</b>	_____	_____
<b>Regional Director:</b>	_____	_____