

## MOVE IN ASSISTANCE REQUEST PROCESS CHECKLIST

Member NAME: \_\_\_\_\_

All packets are required to have the following information:

REQUIRED DOCUMENTS	YES	NO
<b>ISP listing:</b> 1. Move In Assistance as a service stating the need 2. Vendor name 3. Amount requested 4. Date of funds request 5. The member's and Behavioral Health Professional's (BHP) signatures on the signature page	<input type="checkbox"/>	<input type="checkbox"/>
<b>Itemized Vendor INVOICE outlining the amount owed at move in</b> (must match service ticket)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vendor W-9 completed and signed by the vendor</b> (must match service ticket)	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROGRESS NOTE: Explain the specific reason for the Move In Assistance request including:</b> 1. Documentation of open conversation with recipient 2. <b>Explain</b> the specific reason <b>WHY</b> the recipient is unable to pay for the move in expenses 3. <b>Explain STEPS</b> that are being taken to assist the recipient in the future, showing the recipient is receiving assistance with budgeting/household finances (if applicable) 4. Explain what support services were offered or referred (provide copy of referral)	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROGRESS NOTE: Community resources explored</b> (including clinical team's and member's outreach to 3 or more resources within the community for possible assistance/vendor to discuss the possibility of payment plans)	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROGRESS NOTE: Clinical team recommendation for payee</b> (include application date if payee is recommended) *If necessity for a payee has been determined, the payee paperwork must be included in the packet.	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROGRESS NOTE:</b> Vendor discussion regarding ability to receive a corporate check (please note checks cannot be processed electronically)	<input type="checkbox"/>	<input type="checkbox"/>
<b>BUDGET:</b> 1. Include ALL sources of HOUSEHOLD income and ALL expenses 2. Demonstrates ability to maintain going forward (must not be negative) 3. If budget is \$10 or less difference, report how the member can budget for future expenses	<input type="checkbox"/>	<input type="checkbox"/>
<b>BILLING SERVICE TICKET</b> - The requested amount and the vendor must match what is listed on the W-9. The amount must match the invoice provided.	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER SUPPORTING DOCUMENTATION:</b> Member's lease agreement or property deed in the member's name; the member must be living independently (not in a residential or treatment placement)	<input type="checkbox"/>	<input type="checkbox"/>
<b>AHCCCS VERIFICATION:</b> Verification of SMI status	<input type="checkbox"/>	<input type="checkbox"/>

**All requests should be reviewed and approved by the Regional Director prior to submitting via email to:**

[SMIMemberServicesRequest@mercymaricopa.org](mailto:SMIMemberServicesRequest@mercymaricopa.org)