

## MOVE IN ASSISTANCE & EVICTION PREVENTION REFERRAL PROCESS FUNDS CHECKLIST

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

All fund packets are required to have the following information:

REQUIRED DOCUMENTS	YES	NO
1. Confirm with <a href="mailto:SMImemberservicesrequest@MercyCareAZ.org">SMImemberservicesrequest@MercyCareAZ.org</a> to see if the member has received this assistance in the past 2. If so, how much funding was received? (funds are limited to \$1,500 for lifetime).	<input type="checkbox"/>	<input type="checkbox"/>
1. Does the member meet the required income limited as defined by the Housing and Urban Developments for Maricopa County? <a href="https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn">https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn</a>	<input type="checkbox"/>	<input type="checkbox"/>
1. Does the member reside in/plan to reside in a temporary living environment? (i.e. half-way house, supervisory care home, boarding home)	<input type="checkbox"/>	<input type="checkbox"/>
<b>ISP listing Move in/ Eviction prevention as a service stating the need, vendor, amount requested, date of fund request, BHMP and member signature page</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vendor INVOICE / EVICTION NOTICE / COURT ORDER / SHUT OFF NOTICE:</b> 1. Requested amount must match invoice 2. Vendor name must match W-9 3. Members name is on the invoice; if more than one name is present with the member's, then only the member's portion can be paid.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vendor W-9 completed for each vendor (must match service ticket)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROGRESS NOTE: Reason for emergency funding</b> 1. include documentation of open conversation with recipient 2. <b>Explain</b> the specific reason <b>WHY</b> the recipient is unable to pay the bill 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)	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROGRESS NOTE: Community resources explored</b> (including clinical team's outreach to apartment complex/ utility company 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: Vendor discussion regarding ability to receive a corporate check</b> (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>AHCCS VERIFICATION:</b> Verification of T19 and SMI status	<input type="checkbox"/>	<input type="checkbox"/>