



RESIDENCY VERIFICATION

The purpose of this form is to clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled. It should be completed and provided to the enrolling board when:

The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out of county).

The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (example: domestic violence shelter area, client temporarily living with relatives, child or adult out of county).

The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out of county).

A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.

ADULT - Client is an adult?

Yes, if yes, complete the following information for residency determination purposes.

No

Client Name: _____

Street Address: _____

City, State and Zip Code: _____

MINOR - Client is a Minor?

Yes

No

If yes, indicate if child is in legal custody of the following:

Parent
 CSB
 DYS
 Court
 Other: _____

Client Name: _____

Name of legal custodian as marked above: _____

Telephone: _____

County of Legal Custodian: _____

If parent, Address of parent if different from client's physical address on enrollment form:

Street Address: _____

City / State / Zip Code: _____

Signature _____ Date _____

*For the special exceptions noted, this form should not be used. Refer to the residency guidelines for more information on how to determine residency in these cases and/or what determination is needed to provide proof of residency.