LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (DMH)
ENRICHED RESIDENTIAL CARE (ERC) PROGRAM REFERRAL

REFERRING AGENCY/STAFF INFORMATION

Referral Date: _____ Program Type: ☐ FSP ☐ HOME ☐ ICD ☐ Outpatient ☐ PG

Referring Agency: _____ Referring Staff Name: _____

Referring Staff Phone Number: _____ Referring Staff Email: _____

CLIENT INFORMATION

Client IBHIS #: _____ Client DOB: _____

Client Last Name: _____ Client First Name: _____

Client Gender: ☐ M ☐ F ☐ Trans Man ☐ Trans Woman ☐ Other Gender Identity, specify: _____

Where is client currently residing? _____ Is this a licensed residential facility? ☐ No ☐ Yes

Has client been homeless in the past 12 months? ☐ No ☐ Yes Is client exiting a higher level of care? (i.e., IMD, ERS, hospital) ☐ No ☐ Yes

Does client have mobility needs? ☐ No ☐ Yes, specify: _____

Does client have income? ☐ No ☐ Yes, source: _____ Monthly Amount: $ _____

Does client have SSI application or appeal in progress? ☐ No ☐ Yes If yes, date of SSI application: _____

(NOTE: Clients receiving GR/CalFresh will be required to terminate these benefits if approved for the ERC program and, if eligible, apply for SSI.)

Has client been approved for admission by a **Licensed** Residential Facility? ☐ No ☐ Yes

- If yes, specify: Facility Name: _____

Facility Address: _____

Facility Contact: _____

Facility Contact Phone Number: _____ Facility Contact Email: _____

Was this placement made using MHRLN? ☐ No ☐ Yes

What agency will provide client with ongoing, **field-based services** once admitted to a Licensed Residential Facility?

☐ Referring Agency

☐ Other Agency, specify: Agency Name: _____

Agency Contact: _____

Agency Contact Phone Number: _____ Agency Contact Email: _____

Is this agency an FSP provider? ☐ No ■ Yes If yes, type of FSP: ☐ Directly-Operated FSP ☐ Contracted FSP

If contracted FSP, does agency agree to pay SSI rate and P&I using Client Supportive Services (CSS) funding? ☐ No ☐ Yes

******Securely email completed forms to DMH_ERC@dmh.lacounty.gov ******

REFERRAL DISPOSITION
(TO BE COMPLETED BY DMH ERC STAFF ONLY)

Is client approved for ERC? ☐ No, specify reason: _____

☐ Yes, client is approved for: ☐ Rent Payment ☐ P&I Funds ☐ Enhanced Services Rate

ERC Staff Signature: _____ Date: _____

ERC Staff Name: _____ Expiration Date: _____