



# ENRICHED RESIDENTIAL CARE HOUSING

## Relocation Request Form (TO BE FAXED WHEN PARTICIPANT PLANS TO RELOCATE)

Please submit this form by fax to Enriched Residential Care (ERC) at DHS [(213) 895-0106] or DMH at [(213) 637-2336] when a Participant relocates from a facility to other placement options.

### FORMS MUST BE SUBMITTED UPON PARTICIPANT'S RELOCATION

ERC Project:  DHS  DMH

Date Submitted: \_\_\_\_\_ Name of Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Participant's Name: _____		CHAMP ID: _____
Admit Date: _____	Relocation Date: _____	Length of Stay: _____
ICMS Provider: _____		Has ICMS/CM Been Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No

Relocation reasons (Check the field that best describes circumstances). Please notify the DHS/DMH Staff within 30 days in advance or within 24 to 72hrs if immediate relocation is needed.

Relocation Reasons	Relocations Destinations
<input type="checkbox"/> Family Geographic Request <input type="checkbox"/> ICMS Request <input type="checkbox"/> Participant Geographic Request <input type="checkbox"/> Behavior Issues <input type="checkbox"/> Close proximity to Primary Care Physician <input type="checkbox"/> Evictions <input type="checkbox"/> Facility Closures <input type="checkbox"/> Probation/AB109/Registered Sex offender <input type="checkbox"/> Change in Health Conditions Other: _____	<input type="checkbox"/> Adult Residential Facility <input type="checkbox"/> Residential Care Facility for the Elderly <input type="checkbox"/> Short-term stay at Skilled Nursing Facility <input type="checkbox"/> Long-term stay at Skilled Nursing Facility <input type="checkbox"/> Congregate Living Facility Other: _____

#### NEW PROPOSED HOUSING LOCATION IF KNOWN:

ADDRESS: \_\_\_\_\_

FACILITY CONTACT NUMBER: \_\_\_\_\_

ADMINISTRATOR CONTACT PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<b>DATE DHS/DMH ERC STAFF WAS NOTIFIED OF RELOCATION:</b> _____ <input type="checkbox"/> CALLED <input type="checkbox"/> EMAILED	<b>APPROVED BY DHS/DMH ERC STAFF:</b> _____ <b>SIGNATURE:</b> _____ <b>DATE:</b> _____ <b>EXPECTED DATE OF SUBSIDY TERMINATION:</b> _____
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