



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) 559-9258] 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

- Family Geographic Request
- ICMS Request
- Participant Geographic Request
- Behavior Issues
- Close proximity to Primary Care Physician
- Evictions
- Facility Closures
- Probation/AB109/Registered Sex offender
- Change in Health Conditions
- Other: _____

Relocations Destinations

- Adult Residential Facility
- Residential Care Facility for the Elderly
- Short-term stay at Skilled Nursing Facility
- Long-term stay at Skilled Nursing Facility
- Congregate Living Facility

Other: _____

NEW PROPOSED HOUSING LOCATION IF KNOWN:

ADDRESS: _____

FACILITY CONTACT NUMBER: _____

ADMINISTRATOR CONTACT PHONE NUMBER: _____ EMAIL: _____

DATE DHS/DMH ERC STAFF WAS NOTIFIED OF RELOCATION: _____ <input type="checkbox"/> CALLED <input type="checkbox"/> EMAILED	APPROVED BY DHS/DMH ERC STAFF: _____ SIGNATURE: _____ DATE: _____ WAIVE 30-DAY NOTICE PAYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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