MOLINA HEALTHCARE

Community Supports
Housing Tenancy and Sustaining Services
VERSION 2

Housing Tenancy and Sustaining Services support individuals in maintaining stable housing through early intervention, education, landlord mediation, advocacy, and crisis planning. Eligible individuals must be enrolled in Medi-Cal and meet specific criteria outlined at the end of this form.

Send this completed referral form along with the member's Housing Support Plan and supporting documentation via to (800) 811-4804.

***The form must be completed in its entirety to be valid. Incomplete forms will not be processed. ***

CS Service Information: *		
CS Service Start Date: Referrals are valid for 90 days.		
Request Type:	☐ Initial Request	☐ Reauthorization Request **MM/YY of Initial Enrollment into Housing Tenancy:**

Requestor Information: *	
Referrer:	☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM ☐ Other:
Referrer Organization Name:	
Referrer Name: **Title:**	
Referrer Phone Number:	
Fax Number:	

Member Information: *
Member Name:
DOB:
Medi-Cal ID/CIN:
Preferred Language:
Housing Address:
City:
State:
Zip Code:
Home Phone Number:
Cell Phone Number:
Alternate Contact Name:
Alternate Contact Phone #:
Last Member Contact:
Date Member Housed:

Member Eligibility
Enrollment Status: ☐ Only Medi-Cal ☐ Partial Duals Only: Medi-Cal with Medicare Part B and/or D
Does the Member meet the following social and clinical risk factor requirements? **Experiencing or at risk of experiencing homelessness *and:*** ☐ Meets the access criteria for Specialty Mental Health Services (SMHS) ☐ Meets the access criteria for DMC or DMC-ODS ☐ One or more serious chronic physical health conditions ☐ One or more physical, intellectual, or developmental disabilities; or ☐ Individuals who are pregnant up through 12-months postpartum. ☐ None of the above apply
Has the Member been prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serios chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration? ☐ **YES** ☐ **NO**
☐ **The Individualized Housing Support Plan is attached, detailing documented needs (Required for renewals).**
Is the Member currently receiving Housing Transition Navigation Services? ☐ Yes ☐ No
Organization who developed the Housing Support Plan:

Housing Acuity Index (check all that apply):
A. Housing Stability Risk
☐ Currently Homeless (living on the streets, shelter, or place not meant for habitation)
☐ Imminent Risk of Homelessness (facing eviction within 14 days, staying with friends/family temporarily)
☐ Housing Instability (multiple moves in past 12 months, at risk of losing current housing)
☐ Stable Housing with Support Needed (requires assistance for lease compliance, landlord mediation, rental assistance)
B. Medical & Social Vulnerability
☐ Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
☐ Chronic Physical Health Condition impacting daily life
☐ Disability or Mobility Impairment requiring housing modifications
☐ History of Hospitalizations or ER Visits related to housing instability
☐ History of Domestic Violence or Trauma
☐ Limited Support System (little to no family/friend assistance)
C. Service Needs & Barriers to Housing Stability

(Housing Support Plan is required for all renewal requests and must address any items checked below)
☐ Eviction Notice / Lease Violation
☐ Unpaid Rent or Utilities causing risk of eviction
☐ No Income or Insufficient Income to sustain rent
☐ Difficulty Managing Medications or Health Needs
☐ Lack of ID or Required Documents for housing applications
☐ Criminal Background or Prior Evictions affecting eligibility

Required Attestations: *
☐ I attest the Member or Member's Authorized Representative consented to Housing Tenancy and Sustaining Services.
☐ I attest that these services are provided as part of a care plan to support housing stability and not for general housing assistance alone.
☐ Member consented to Housing Tenancy (Required).