CS Housing Transition Navigation
All Counties
Version 2

Housing Transition Navigation Community Supports (CS) assists members experiencing homelessness with obtaining housing by providing support with items such as housing applications, benefits advocacy, securing available resources, and providing help with landlords upon move-in.

Submit completed form and supporting documentation to the UM Prior Authorization fax (833)305-3130.

All fields with an * are required.

SECTION 1 – REFERRAL INFORMATION

Referral Date	
Referral Type	☐ Community Referral ☐ Identified by Molina ☐ Self-Referral ☐ Other:
Referring Organization Name	
Referring Organization NPI	
Referring Individual First Name*	
Referring Individual Last Name*	
Referring Individual Relationship to Member*	
Referring Individual Phone Number*	
Referring Individual Fax Number*	
Referring Individual Email Address*	

SECTION 2 – MEMBER INFORMATION

Member First Name*	
Member Last Name*	
Date of Birth*	
Medi-Cal CIN	
Preferred Written Language	
Member Email Address	
Member Primary Phone Number	
Member Residential Address	
City	
State	

Zip Code	
Is the member currently experiencing homelessness?	☐ Yes ☐ No ☐ Unknown

SECTION 3 – AUTHORIZED REPRESENTATIVE INFORMATION

Member has Authorized Representative	☐ Yes ☐ No
Authorized Representative First Name	
Authorized Representative Last Name	
Authorized Representative Relationship to Member	
Phone Number	
Email Address	
Mailing Address	

SECTION 4 – CLINICAL INFORMATION

Primary Diagnosis	
ICD-10 Code	
Secondary Diagnoses	
Primary Care Provider	
Behavioral Health Provider (if applicable)	
Recent Hospitalization Within Past 30 Days	☐ Yes ☐ No
If Yes, Discharge Date	

SECTION 5 – SERVICE INFORMATION

Request Information

Service Start Date:

Service End Date:

Eligibility Criteria

Molina Enrollment:

☐ Enrolled in Medi-Cal with Molina

Member must meet one of the following four (4) criteria:

☐ Member is prioritized for a permanent supportive housing unit or rental subsidy through CES or a similar system.

☐ Member meets the HUD definition of homelessness or at risk of homelessness AND one of the following:

- ☐ Has one or more serious chronic conditions or serious mental illness
- ☐ At risk for institutionalization or requires residential services because of SUD or Serious Emotional Disturbance
- ☐ Enrolled with ECM
- ☐ Transition-Age Youth with significant barriers to housing stability

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Housing Profile

Current Housing Status:

☐ Experiencing Homelessness

☐ At Risk of Homelessness

☐ Prioritized through CES

☐ Exiting Institution

☐ Other: _____

Housing Navigation Needs

Check all that apply:

☐ Housing Search Assistance

☐ Housing Application Assistance

☐ Benefits Advocacy

☐ Landlord Engagement

☐ Housing Barrier Resolution

☐ Move-In Coordination

☐ Housing Resource Navigation

☐ Other: _____

SECTION 6 – REQUIRED DOCUMENTATION

Please attach all supporting documentation required for review.

☐ Coordinated Entry System (CES) Documentation (if applicable)

☐ Supporting Clinical Documentation (if applicable)

☐ Additional Supporting Documentation

Additional documentation submitted:

SECTION 7 – ATTESTATION

Member Consent

☐ I attest that the member and/or authorized representative has consented to this Community Supports referral.

Referral Attestation

☐ I attest that the information provided in this referral is accurate and complete to the best of my knowledge.