



Contracted LA Care Homeless and Housing Support Services (HHSS) provider to request a 6-month re-authorization of service on behalf of the member. All requests must be completely filled out and submitted via Secure Fax **213.536.0630**, or Secure Email **HHSS-Referrals@lacare.org**.

This form is only for providers who are assigned to the member for Housing Navigation or Tenancy Services.

Choose the type of extension you are requesting (choose only one):*

- Housing Navigation – services to help homeless members find housing
- Tenancy Services – services to help formerly homeless members keep their housing

HHSS Provider Information

Date of Referral:* _____ Referring Individual Name:* _____

Referring Organization Name:* _____

Referring Organization Address:* _____

Referring Fax Number:* _____ Referrer Phone Number:* _____

Referrer Email Address:* _____ HHSS Provider NPI:* _____

Member Information

First Name:* _____ Last Name:* _____

Medi-Cal Client ID# (CIN):* _____ Preferred Language:* _____

LOB:* MCLA DSNP Date of Birth:* _____

Mailing address or location:* _____

Primary Phone Number:* _____ Best Time to Contact:* _____

Attestation:

Did member consent to extension request? * Yes No

Has member’s housing assessment been updated within the last 60 days?* *If no, do not proceed* Yes No

Has member’s individualized housing support plan been updated within the last 60 days?* *If no, do not proceed* Yes No

Last successful member contact* (*must be within last 60 days*) _____



Housing Navigation: *Select all that apply**

- Member requires ongoing individualized housing support in order to secure permanent housing; or
- Member has been matched but has not yet moved into housing; or
- Member continues to be active with Housing Navigator within the last 30 days; **and** *
- Member is achieving goals in their Housing plans *

Tenancy Services: *Select all that apply**

- Member continues to be active with Homeless and Housing Supportive Services Provider within the last 30 days; **and** *
- Member is engaged in their housing plan; **and** *
- Member requires advocacy and linkage with community resources to prevent eviction; **or**
- Member requires education and training on the role rights and responsibilities of the tenant and landlord: **or**
- Member requires assistance with resolving disputes with landlords and/or neighbors; **or**
- Member requires continuing assistance with lease compliance; **or**
- Member requires assistance with their first housing re-certification and inspection; **or**
- Other: _____

Current Living Location:* Permanent Supportive Housing Shelter Vehicle
 Skilled Nursing Facility / Long Term Care Street Other, please specify: _____

Is member able to live independently? * Yes No

Provide Member's CHAMP I.D. if available: _____

Provide Member's HMIS I.D.: * _____

Briefly explain why the member needs continuation of services: *