

HOUSING DEPOSITS
REFERRAL FORM

Send to CareManagement_Referrals@sfhp.org

Housing Deposits are Community Support Services offered to eligible Medi-Cal members to assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board. **Housing Deposits are available once in an individual's lifetime.**

If this is a self-referral, please call SFHP's Care Management Intake line during business hours of 8:30am to 5:00pm, Monday–Friday: **1(415) 615-4515**. Completed forms can be securely emailed to San Francisco Health Plan's Care Management department at CareManagement_Referrals@sfhp.org.

MEMBER/PATIENT INFORMATION	
Member must already be enrolled with SFHP for their Medi-Cal coverage	
First Name:	Last Name:
Date of Birth (MM/DD/YYYY):	Preferred Language:
SFHP ID#:	Referral Date:
Primary Phone Number:	Alternate Phone Number:
Address:	

REFERRING ENTITY INFORMATION	
<input type="checkbox"/> PCP/Specialist	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Community Supports Provider	<input type="checkbox"/> Self
<input type="checkbox"/> ECM provider	<input type="checkbox"/> Other (please specify):
Name:	Phone Number:
Address:	Email:

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**SAN FRANCISCO
HEALTH PLAN**



Here for you

ELIGIBILITY CRITERIA

1. Is the member currently receiving Housing Navigation Transition Services?

☐ No

☒ If No is checked, **STOP**. Member does not meet eligibility requirement. Instead, refer the member to Housing Navigation Community Supports.

☐ Yes

If Yes, identify the Navigation Services provider:

2. Which of the following are reasonable and necessary to enable the member to establish a basic household (select all that apply)?

☐ Security deposit (or first and/or last month's rent)

☐ Utility deposit (electricity, water, garbage)

☐ Furniture

☐ Home goods

3. Is the member able to meet the above expenses without Housing Deposits Community Support?

☐ No

☐ Yes

4. Additional documentation that is required to be eligible:

☐ Signed and dated lease or rental agreement

☐ Landlord's W9 (if security deposit is a requested expense)

☐ Member's individualized housing support plan

ATTESTATION STATEMENT

☐ I, the referent, attest that to the best of my knowledge; the member meets the eligibility criteria and does not fall within the exclusion criteria.

Signature:

Today's Date (MM/DD/YYYY):