

# HOUSING NAVIGATION TRANSITION SERVICES REFERRAL FORM

Send to [CareManagement\\_Referrals@sfhp.org](mailto:CareManagement_Referrals@sfhp.org)

Housing Navigation Transition Services (HTN) is a community Supports Service offered to eligible Medi-Cal members, including children (under age 18), Transition Aged Youth ages (18 - 25) and adults (18 and up). Members enrolled in Housing Navigation Transition Service will receive assistance obtaining and preparing for move-in. Housing Navigation Transition Services will be provided in the member's community by the SFHP contracted providers.

San Francisco Health Plan will use this form to confirm a member's Housing Navigation eligibility. Housing Navigation eligibility must be confirmed before the member receives services.

If this is a self-referral, please call SFHP's Care Management Intake line during business hours of 8:30am – 5:00pm, Monday – Friday: **1(415) 615-4501**, and an SFHP staff member can assist you.

If the referral is being completed by a provider or other agency, please complete this form, and securely email to San Francisco Health Plan's Care Management department at [caremanagement\\_referrals@sfhp.org](mailto: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:	Preferred language:
SFHP ID:	Referral date:
Phone number:	Alternative phone number:

## 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:
Email:	Address:

### Select those that best describe the client being referred for services

- Is a Transition Aged Youth (ages 18 - 25), not accompanied by an adult
- Is an individual (over age 25) seeking HTN services for themselves
- Is an individual or TAY seeking HTN services for themselves and their family (must include a minor under age of 18.)

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## IS THE MEMBER CURRENTLY RECEIVING HOUSING SERVICES?

- Yes\* (qualifies for expedited review, 72 hours)  No  Unknown

\*If "Yes," please describe:

## Select those that best describe the client being referred for services:

- Prioritized for housing through the Coordinated Entry System (CES)  
 Experiencing homelessness<sup>i</sup>  
 At risk of homelessness<sup>ii</sup>

### PRIORITIZED THROUGH COORDINATED ENTRY SYSTEM

- Have completed an assessment in the Coordinated Entry System
- Based on information provided, the client has been identified as prioritized for a housing voucher or subsidy due to vulnerable conditions or disabilities.

### EXPERIENCING HOMELESSNESS

- Individuals exiting institutions (including hospitals, nursing facilities, correctional facilities, and others) without an identified place of residence
- Victims of domestic violence leaving the relationship

### AT RISK OF HOMELESSNESS

- Couch surfing or living with another temporarily due to economic hardship
- Has been notified that their current living situation will end within 21 days
- Lives in hotel or motel where cost of lodging is not covered by a charitable or governmental program

## Select those that best describe the client being referred for services:

- Who are receiving ECM  
 Who have one or more serious chronic conditions and/or serious mental illness\*\*  
 Is at risk of institutionalization or requiring residential services as a result of a substance use disorder

## If "At risk of homelessness" is checked, please select all that applies to the member (At least one is required for eligibility).

- Have one or more serious chronic conditions\*\*  
 Have a serious mental illness\*\*  
 Is at risk of institutionalization or requiring residential services as a result of a substance use disorder  
 Are receiving Enhanced Care Management (ECM)  
 Are a Transitional Aged Youth (TAY) with significant barriers to housing stability<sup>iii</sup>

\*\*Requires Supporting Documentation

## IS THE MEMBER ABLE TO LIVE INDEPENDENTLY?

- Yes  No

If "No," please explain:

- I, the referent, attest that to the best of my knowledge; ensures the member information on this form is accurate and that the member is not receiving Housing Transition Navigation services that would be duplicative in nature.

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## ADDITIONAL DOCUMENTATION

<sup>i</sup> **Individuals who meet the Housing and Urban Development (HUD) definition of homeless** as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and:

- who are receiving enhanced care management,
- or who have one or more serious chronic conditions and/or serious mental illness and/or
- is at risk of institutionalization or requiring residential services as a result of a substance use disorder.

For this service, qualifying institutions include hospitals, correctional facilities, mental health residential treatment facility, substance use disorder residential treatment facility, recovery residences, Institutions for Mental Disease, and State Hospitals.

<sup>ii</sup> **Individuals who meet the HUD definition of at risk of homelessness** as defined in Section 91.5 of Title 24 of the Code of Federal Regulations as: (1) An individual or family who: Has an annual income below 30 percent of median family income for the area, as determined by HUD; Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and Meets one of the following conditions:

- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau; Is exiting a publicly funded institution, or system of care.

<sup>iii</sup> **Barriers to housing stability include:** one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.