

 City/County SAMSO

 Eligibility and Consent Form

First Name:

Date of Birth:

Physical Address w/ Zip Code:

Cell Phone:

Last Name:

SSN last 4 (if known):

Mailing Address (if different):

Email Address:

Gender: [ ]  Male [ ]  Female Ethnicity: [ ]  Hispanic or Latino [ ]  Not Hispanic or Latino [ ]  Unknown

Race: [ ]  White [ ]  Black or African American [ ]  Native Hawaiian or other Pacific Islander

 [ ]  Asian [ ]  American Indian or Alaska Native [ ]  Some other race [ ]  Unknown

Consumer or legal guardian to fill out with staff assistance:

I attest that the following is true and accurate: Client must initial:

|  |  |
| --- | --- |
| I am currently homeless: [ ]  literally homeless or [ ]  marginally homeless (see back of form) or[ ]  My permanent address is:       | Initials: \_\_\_\_\_\_\_\_ |
| My family’s monthly income is: $      or my family’s annual income is: $     Number of persons in my household, including myself:      Did the consumer show a check stub or other documentation such as TANF or Food Stamps to verify their income or eligibility? [ ]  Yes [ ]  NoIf yes, what documentation was used?       (Staff note: Document income verification source in the clinical record, as well).The staff person (who will sign as the witness below) has determined as of today that my household income is less than 200% of the latest federal poverty income guidelines. | Initials: \_\_\_\_\_\_\_\_ |
| Please check one and initial to the right: [ ]  I do not have insurance or other options that could pay for the services that I need. In other words, I do not have Medicaid, Medicare, Veteran’s Benefits, or other benefits that will pay for the services I need.[ ]  I have insurance or other options that could pay for the services that I need. (send copy of card) | Initials: \_\_\_\_\_\_\_\_ |
| I am currently a City of Austin or Travis County resident. [ ]  True or [ ]  False | Initials: \_\_\_\_\_\_\_\_ |
| I intend to continue living in the City of Austin or Travis County after I receive these services. [ ]  True or [ ]  False | Initials: \_\_\_\_\_\_\_\_ |

“Understanding that my confidentiality will be protected, I hereby give my written permission to this agency (     ) to disclose my name and other identifying information, as well as substance use information collected by this agency, to Tejas Behavioral Health Services, Inc. (Managed Service Organization), or other authorizing entity, and to project representatives from the City of Austin and Travis County (project funding source) for data collection, satisfaction survey, and tracking purposes. Only anonymous results compiled from all client data will be published. I understand that this consent to disclose information may be revoked at any time, in writing, to this agency, but the revocation will not affect any disclosures already made prior to the cancellation notice. This agency cannot control how the protected health information will be used by the agency/person who receives it under this authorization. The consent, unless revoked sooner, will expire one (1) year from the date of my signature.”

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Client Month/Day/Year (form is completed)

“Before me on this day personally appeared       (the client) who attested that everything recorded on this Eligibility and Consent Form is true and accurate.”

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff/Witness Signature Month/Day/Year

Literally Homeless:

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

* Has a primary nighttime residence that is a public or private place not meant for human habitation;
* Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by the federal, state and local government programs); or
* Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Marginally Homeless (Imminent Risk of Homelessness):

Individual or family who will imminently lose their primary nighttime residence, provided that:

* Residence will be lost within 14 days of the date of application for homeless assistance;
* No subsequent residence has been identified; and
* The individual or family lacks the resources or support networks needed to obtain other permanent housing.