

PATIENT ELIGIBILITY

Housing Status

Please select the option from the drop down which would best describe the individual's current housing status:

- **Independent Living**
 - Client is paying (through any source of income) either all costs of living or an equal share of the total costs with others.
 - *Independent Living- Alone*
 - *Independent Living- With Relatives*
 - *Independent Living-with Non-Relatives*
- **Dependent Living**
 - Client is paying less than an estimated equal share amount of the total combined living expenses.
 - *Dependent Living-with Relatives*
 - *Dependent Living-with Non-Relatives*
- **Homeless**
 - living in a public or private place not meant for human habitation;
 - 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 federal, state and local government programs);
 - person losing their primary residence within 14 days who lack the resources to obtain housing.
- **State Mental Health Treatment Facility**
 - *State Hospitals* - Florida State Hospital (FSH); Northeast Florida State Hospital (NEFSH); North Florida Evaluation and Treatment Center (NFETC); South Florida Evaluation and Treatment Center; South Florida State Hospital; Treasure Coast Treatment Facility; West Florida Community Care Center
- **Residential Treatment Facility**
 - A live-in 24 hour state licensed program providing therapy for substance use, mental illness, or other behavioral problems.
- **Assisted Living Facility (ALF)**
 - Long term care services that provides a combination of housing, personal care services, and health care designed to respond to individuals who need assistance with normal daily activities in a way that promotes maximum independence.
- **Supported Housing**
 - Programs with a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives.
- **Nursing Home**
 - A public or private residential facility providing a high level of long-term personal or nursing care for persons (such as the aged or the chronically ill) who are unable to care for themselves properly
- **Correctional/DJJ Facility**
 - A jail, prison, or other place of incarceration by government officials.

PRE-AUTHORIZATION REQUEST FORM
DESCRIPTORS FOR REQUIRED FIELDS



Employment Status

Please select the option from the drop down which would best describe the individual's current employment status:

- **Full-Time:** individual works 30-40 hours a week
- **Part-Time:** Individual usually works less than 30 hours a week
- **Unemployed:** without a paid job but available to work
- **Retired:** voluntary termination of employment upon reaching a certain age
- **Student:** enrolled in a school, college or other educational institution
- **Disabled:** Meets both of the following conditions: (1) unable to engage in any substantial gainful activity because of a physical or mental condition; (2) A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

Rationale for request (Including the Treatment Goal being addressed): Provide a brief description of what the funding will be used to purchase and how providing this assistance will help the client with meeting Treatment Goals.

Alternative Funding Explored: Statement of other local program services searched/contacted to assist in funding requested item.

FUNDING REQUEST

Amount Requested: Total amount of funds being requested for approval for length of service up to a max of 90 days

- *Example:* Requesting 3 months of rental assistance- rent is \$600 per month → Input \$1800

Number of Item/Units Requested: Total items/units requested

- *Incidental Request Example:* rental deposit and 3 months of rent = 4 items

Total Number of Days Requested: up to a max of 90 days

Date of Service From and To: Select beginning date that service will begin and end. Must match the total number of days requested.

Procedure Codes: select the designated code for the service type. Definitions for each code can be found at <http://centralfloridacares.org/wp-content/uploads/2018/06/Incidental-Procedure-Codes.pdf>

Name and Address of Vendor: Name and address of owner and facility to which payment will be sent