

RESIDENCY VERIFICATION FORM

The purpose of this form is to clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled. It should be completed to determine residency and submitted to the enrolling board when:

- The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child, adult or out-of-county).
- The physical address of the client, as noted on the enrollment form; does not match the legal county of residence of the client (example: domestic violence shelter case, client temporarily living with relatives, child or adult, out-of-county.)
- The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county).

A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.*

Adult

All fields REQUIRED when completing this section

Client is an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete the following information:
Client Name: (please print)		
Street Address: (No P.O. Box numbers)		
City, State, and Zip:		
Signature of Client:	Date: (Date must correspond with the requested Start Date of Treatment)	

Minor

All fields REQUIRED when completing this section

Client is a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate if the child is legal custody of the following (this is not the foster parent). <input type="checkbox"/> Parent <input type="checkbox"/> CSB <input type="checkbox"/> DYS <input type="checkbox"/> Court <input type="checkbox"/> Other (specify):	
Client Name: (please print)		
Name of Legal Custodian: (please print)	Phone of Legal Custodian:	
County of Legal Custodian:		
If parent, Address of Parent: (If different from the client's address on previous enrollment form)		
Signature of Legal Custodian:	Date: (Date must correspond with the requested Start Date of Treatment)	

*For the special exceptions noted, this form should not be used. Refer to the residency guidelines on our website: www.richlandmentalhealth.com for more information on how to determine residency in these cases and/or what documentation is needed to provide proof of residency.