



Housing Tenancy and Sustaining Services

CS Referral Form

Please Fax to UnitedHealthcare at 1-844-280-7080

Or send secure email to ca_cs_cm_referrals@uhc.com

Date: Choose Date

Diagnosis/ICD-10 Code or eligibility qualifiers: Click or tap here to enter text.

ID Number: Click or tap here to enter text.

Person Making the Referral: Click or tap here to enter text.

Organization Name: Click or tap here to enter text.

Case Manager/Care Coordinator Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Member Requesting CS: Click or tap here to enter text.

Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Date of Birth: Choose Date

Secondary Contact Name/Relationship: Click or tap here to enter text.

Secondary Contact Phone/Email: Click or tap here to enter text.

CS Specific Qualifiers:

1. Is the member enrolled in Enhanced Case Management? Choose an item.
2. Can you attest that the member is not receiving duplicative support from other state, local tax, or federally funded programs? Choose an item.
3. Is the member currently housed with need for stabilization services? Choose an item.

*Member cannot concurrently receive Housing Tenancy and Navigation Services CS