



## Housing Transition and Navigation

### CS Referral Form

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

Or send secure email to [ca\\_cs\\_cm\\_referrals@uhc.com](mailto: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. Homeless Assessment 2019 completed in CommunityCare? Choose an item.
2. Updated Individualized Housing Goal included in ECM Health Action Plan? Choose an item.
3. Can you attest that the member is not receiving duplicative support from other state, local tax, or federally funded programs? Choose an item.

\*Member cannot concurrently receive Housing Transition and Navigating Services at the same time as they are receiving Housing Tenancy and Sustaining Services