



**WAIVER OF THREE (3) DAY SMI ELIGIBILITY DETERMINATION**

The purpose of Solari’s Serious Mental Illness (“SMI”) eligibility determination process is to effectively and efficiently identify persons who meet the criteria to receive SMI services. In order to properly assess your eligibility for services, additional time may be necessary to obtain sufficient information to make an informed decision regarding your SMI eligibility.

Please check one of the following options:

\_\_\_\_\_ I wish to provide Solari with additional time to request and receive my medical records and/or conduct a face-to-face evaluation with an SMI Eligibility Reviewer (Psychiatrist, Psychologist, or Psychiatric Nurse Practitioner). If a Reviewer decides that the information available is sufficient to make a determination, a decision will be made within three (3) business days. If a reviewer decides that the information available is not sufficient to make a determination within three business days, it may take up to twenty (20) additional calendar days to make a determination.

\_\_\_\_\_ I wish to provide the Solari with additional time to refer me to the Extended Evaluations Program (EEP) to assess how my substance use affects my mental health symptoms and functioning. If a Reviewer decides that the information available is sufficient to make determination, a decision will be made within three (3) business days. If a reviewer decides that the information available is not sufficient to make a determination within three business days, it may take up to thirty (30) or possibly sixty (60) additional calendar days to make a determination.

\_\_\_\_\_ I decline both options listed above. I want my eligibility for SMI benefits to be determined within three (3) business days using the information currently available.

I have had the opportunity to fully review this document and I understand each of the options above. I have made an informed decision regarding the timeline of my SMI eligibility determination and the option I have selected is the best choice for my situation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

This form must be completed on ALL assessments submitted for SMI eligibility determinations. If the recipient is unable/unwilling to sign, please indicate the reason: