Applicant Name (AKA in AHCCCS): ____Applicant DOB: ____________________

Region: ☐ North ☐ Central ☐ South AHCCCS ID:______________ Current Health Plan: ____________________
If Applicant is NT19 or not enrolled with AHCCCS, please indicate RBHA for Health Plan in Portal

If approved for SED/SMI services, RBHA assignment will be: ____________________________

If approved for SMI services (Maricopa County Only), preferred clinic assignment will be: ___________________________

Applicant Phone # _________________________ Social Security # __________________________

Applicant email: ____

Gender: ☐ M ☐ F Identifies as: ☐ M ☐ F ☐ Non-Binary Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them

Preferred Language: ______________Preferred Communication: Bi-lingual staff / Braille / ASL / TTY Race: __________

Emergency Contact/Relationship: _______________________Emergency Contact Phone: _________________________

Is there a guardian: ☐ Yes ☐ No Proof of Guardianship included: ☐ Yes ☐ No (if no, do not proceed!)

Guardian Name/Address:____

Applicant Mailing Address: __________________________Applicant Residential Address: _____________________________

Is applicant experiencing homelessness? ☐ Yes ☐ No

Date/Time SED/SMI evaluation requested: _____________________ Date/Time Consent was given:_____________

Where did the evaluation take place? ☐IP ☐OP ☐Jail/Juvenile Detention

Waiver Option Selected: ☐3 days ☐20 days ☐EEP

If applicant agrees to EEP, please indicate agency and location for EEP Services: _______________________

Assessor ____ Credentials/Position Held __________________

Date of Preliminary Recommendation _______________

Proposals: Applicant is ☐ Functionally Impaired (OR) ☐ at Risk of Deterioration (OR) ☐ does not meet SED/SMI Criteria

List Non-Qualifying Diagnosis (NA if none): _________ List SED/SMI Qualifying Diagnosis (NA if none):__________

Clinical Contact 1: Name: ____

Phone: ________________________________ Email: ____

Clinical Contact 2: Name: ____

Phone: ________________________________ Email: ____