

RESIDENCY VERIFICATION & DETERMINATION

RESIDENCY VERIFICATION

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

- The county of the treating facility does not match the legal county of residence of the Individual as noted on the enrollment form (child or adult, out-of-county).
- The physical address of the Individual as noted on the enrollment form does not match the legal county of residence of the Individual (example: domestic violence shelter case, Individual 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).

An Individual'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.*

Service Provider: _____

Today's Date: _____ Date Client Applied for Services: _____ Client's Declared County of Residence: _____

Client's Name (last; first): _____

Client's Physical Address: _____

Client is: Adult Minor Homeless Jail US Citizen Yes No Homeless Document Attached

If non-citizen, proof of legal status: VISA Work VISA Student VISA* None Other _____

*Should be referred to student services

If Minor, legal custody status: Parent CSB DYS Court Other (specify): _____

If Minor, Name of Legal Custodian: _____

If Minor, Phone number of Legal Custodian: _____

If Minor, County of Legal Custodian: _____

If College Student: follow policy and refer to student services

If Parent, address if different from Client's Physical Address: _____

If jail, home address at time of arrest _____

RESIDENCY DETERMINATION

All individuals receiving Board funded alcohol, drug addiction and mental health services other than emergency or crisis must provide proof of county residency. Residency is determined by a person's physical presence in the county with intent to remain in above-noted county. The following documentation is valid to verify an individual's county residency. Contract agency service provider must copy any documentation the individual used to verify residency, that is consistent with the list below, and a copy must be part of the individual's record. **DOCUMENTS MUST BE WITHIN THE LAST 30 DAYS.**

- Current Ohio Driver's License with County Address same as Declared County Residence
- Current Ohio Personal Identification Card with County Address same as Declared County Residence
- Current Ohio Medicaid Care that shows County Address same as Declared County Residence
- Current SSI/SSDI Benefit Eligibility Statement with County Address same as Declared County Residence
- Current Utility Bill (gas, electric, water) with County Address same as Declared County Residence in clients name
- Current Voter Registration Card that shows County Address same as Declared County Residence
- Current Mortgage Statement or Payment with County Address same as Declared County Residence in client's name
- Current Rent receipt with County Address same as Declared County in client's name
- Current State Hospital admission record, identify Montgomery County as County of legal resident
- Current State Hospital Release records identify Montgomery County as county of residence.

Exceptions to Residency Requirement:

- Individual received emergency or crisis services
- Individual was committed pursuant to ORC Sections 2945.38 or 2945.40
- Notarized Letter from person the client is living with
- Other _____

SIGNATURES OF CLIENT AND/OR LEGAL GUARDIAN IF APPLICABLE

Signature of Individual:	Date
If applicable, Printed Name and Signature of Legal Guardian:	Date