

SmartCareMCO Residency Verification Form



The purpose of this form is to clarify which PartnerSolutions Board is responsible for adjudicating claims for behavioral health services provided to the client being enrolled in SmartCareMCO. The form should be completed at the time the client first presents for treatment/services at the submitting agency and whenever a change in the client's residency occurs. The form should be presented to the appropriate PartnerSolutions Board enrollment contact when:

- 1.) The county of the submitting agency does not match the legal county of residence of the client noted within the enrollment form.
- 2.) The physical address of the client as noted within the enrollment form does not match the legal county of residence of the client.
- 3.) The minor's physical address as noted within the enrollment form does not match the legal custodian's address.
- 4.) The Board staff person responsible for processing the enrollment requests the form, such as in cases when the client needs to be transferred from one PartnerSolutions Board's coverage to another Board's coverage in SmartCareMCO.

A client's or legal guardian'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.**

Instructions: Fill out only the "Adult" section and the associated signature and date fields if the client is a legal adult or emancipated minor. Fill out only the "Minor" section and the associated signature and date fields if the client is a legal minor. If the form is completed by hand rather than electronically, please print legibly.

ADULT

*Client Last Name *Client First Name *Client UCI Number (If Applicable)

Enter the legal adult client's street address, city, state, and ZIP for residency determination purposes.

*Address 1 Address 2

*City *State *ZIP *County of Residence

MINOR

Indicate if minor is in legal custody of the following:

Parent CSB DYS Court Other (specify):

*Client Last Name *Client First Name *Client UCI Number (If Applicable)

*Legal Custodian Last Name *Legal Custodian First Name

If the legal custodian is the Parent, enter the Parent's street address, city, state, and ZIP if it differs from the minor client's physical address within the enrollment form.

*Address 1 Address 2

*City *State *ZIP *County of Residence

SIGNATURES

Signatures must be handwritten rather than electronically signed.

*Client Signature (If Client is a Legal Adult or Emancipated Minor) *Client Signature Date

*Legal Custodian Signature (If Client is a Legal Minor) *Legal Custodian Signature Date

**For the special exceptions noted, this form should not be used. Refer to the residency guidelines for more information on how to determine residency in these cases and/or what documentation is needed to provide proof of residency.