

Eviction Prevention, Move In, and Utilities Request

Funding can be used for eviction and utilities shut-off prevention, rental arrears, and move in costs
T19 and NT19 Mercy Care RBHA Members with SMI



Must provide W-9 and Eviction Notice/Invoice for Vendor

Vendor name on W-9 must match vendor name on eviction notice/invoice

Member's name must be on the eviction notice/invoice

Send request to: smimemberservicesrequest@MercyCareAZ.org

Name:	Date of Request:
AHCCCS ID:	Date Service Needed:
Provider:	RBHA Health Home:
CM:	CD/SA:
Level of CM Service (e.g. ACT, Supp.):	
Request may not exceed \$1,500 lifetime amount	

Amount Requested: \$ _____

1) Purpose (Eviction, Move In, Utilities):

2) Community/alternate resources explored:

3) Confirmation vendor is able to accept a corporate check: Yes No

4) Reason for Request (why funding is needed/member is unable to pay the expense):

SA/CD signature:

Date:

RD signature:

Date:

Attestation: By signing the above request form for eviction, move in, or utilities, I certify that to the best of my knowledge, information, and belief that the information contained in the request form for eviction, move in, or utilities concerning the functional area for which I am accountable is accurate, complete, and truthful.