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.

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