

Mercy Care RBHA Bridge to Permanency Application

PNO: _____ Direct Care Clinic: _____ Case manager (print name): _____

Case manager email: _____ Case manager phone: _____

Indicate Housing Authority (select only one): Maricopa County Housing Authority
 City of Tempe

Member information

Member name: _____ AHCCCS ID#: _____ DOB: _____

Type of subsidy housing requested: Member only
 Member and dependent family members

Sex: Male Female Priority population: Yes No If yes, describe: _____

Is the member eligible for Section 8 housing? Yes No Is this member homeless? Yes No

ACT team: Yes No Title 19: Yes No COT: Yes No

Current housing situation/setting: _____

Does the applicant require a start-up box? Yes No

REQUIRED: Complete and submit the VI-SPDAT along with this application.
**VI-SPDAT: Vulnerability Index-Service Prioritization Decision Assistance Tool*

3. Certification/Signatures

Case manager (print name) _____ CM (signature) _____ Date _____

Clinical Coordinator (print name) _____ CC (signature) _____ Date _____

Applicant (print name) _____ Applicant (signature) _____ Date _____

Guardian (print name) _____ Guardian (signature) _____ Date _____

Complete this form, print/scan and email to: housing@mercymaricopa.org