

# Eviction Prevention, Move In, and Utilities Request

Funding can be used for eviction prevention and utilities shut-off prevention, rental arrears, and move-in costs

Mental Health Block Grant ARPA Funding for Mercy Care SMI Members



## 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: [Grants@MercyCareAZ.org](mailto:Grants@MercyCareAZ.org)

Name:	Date of Request:
AHCCCS ID:	Date Service Needed:
Provider:	Health Home:
CM:	CC:
Mercy Care Line of Business (RBHA):	
<b>Request may not exceed \$2,500 lifetime amount</b>	

Amount Requested: \$ \_\_\_\_\_

1) Purpose (Eviction prevention, Move-in, Utilities):

2) Confirmation request for Eviction prevention, Move-in, and/or Utilities via the AHCCCS Housing Program (AHP) was submitted first: ☐ Yes ☐ No

3) Reason for submitting this funding request if answer to number 2 is 'No'

4) Community/alternate resources explored:

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

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

7) Confirm that the member is working with Clinical team member regarding employment and housing: ☐ Yes ☐ No

CC signature:

Date:

Director signature:

Date:

Attestation: By signing the above request form for eviction prevention, 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 prevention, move in, or utilities concerning the functional area for which I am accountable is accurate, complete, and truthful.

Updated 7/16/2025