

# 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 Members (RBHA, DDD, ALTCS) with SMI

mercy care

## 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](mailto:smimemberservicesrequest@MercyCareAZ.org)

Name:	Date of Request:
AHCCCS ID:	Date Service Needed:
Provider:	Health Home:
CM:	CD/SA:
Mercy Care Line of Business (RBHA, DDD, or ALTCS):	
<b>Request may not exceed \$1,500 lifetime amount</b>	

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

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

2) Confirmation request for Eviction, 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):

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.