

# SAIH PROGRAM INTERAGENCY REFERRAL FORM

Application       Review       Change

To:  **Adult Services Case Manager**       **Income Maintenance Caseworker (IMC)**

Case Name: \_\_\_\_\_ Client Phone # \_\_\_\_\_

Client Address: \_\_\_\_\_ Client Medicaid ID# \_\_\_\_\_

**IMC – SAIH Application      SAIH Application #      SAIH Application Date:**

FL2 Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	FL2 Expiration date: _____	Date case decision is due: _____
SAIH approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	SAIH Certification Period: _____ to _____	Enhanced rate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Partial SAIH Payment Amount \$ _____	<input type="checkbox"/> Ongoing SAIH Payment Amount \$ _____	

**IMC – SAIH Recertification      NC FAST SAIH PDC#**

FL2 Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	FL2 Expiration date: _____	Date case decision is due: _____
Enhanced rate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Continued SAIH eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'No', payment ends: _____
SAIH Eligibility Recertification Period: _____	to _____	Ongoing SAIH Payment Amount: \$ _____

**IMC – SAIH Change      NC FAST SAIH PDC #**

Reported CHANGE: _____
_____
_____

**Income Maintenance Case Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adult Services <input type="checkbox"/> Application Assessment <input type="checkbox"/> Recertification Reassessment completed Date: _____
If Assessment/Reassessment <b>not</b> completed, indicate action to be taken: _____
_____
Assistance from the SAIH Program continues to be sufficient to allow client to safely remain at home.
Signed <i>DAAS-0032 Signature Attestation Form</i> attached: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date: _____
If ' <b>No</b> ', indicate action taken: _____
_____

Reported CHANGE: _____
_____
_____

**SAIH Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_