

# SAIH PROGRAM INTERAGENCY REFERRAL

Application       Reassessment       Change

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

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

Client Address: \_\_\_\_\_ Medicaid Recipient:      Yes      No  
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: _____		
Income: RSDI \$ _____	SSI \$ _____	VA \$ _____	Other \$ _____	Eligible for \$20 disregard? _____
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: _____		
Income: RSDI \$ _____	SSI \$ _____	VA \$ _____	Other \$ _____	Eligible for \$20 disregard? _____
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 #**

IMC's Reported Change: _____ _____
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**Income Maintenance Case Worker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SAIH Program Assessment/Annual Assessment completion date: _____ If SAIH Program Assessment <b>not</b> completed, indicate action to be taken: _____ _____ _____
Assistance from the SAIH Program continues to be sufficient to allow client to safely remain in their PLA and meet their essential needs.      Yes      No
If ' <b>No</b> ', indicate action taken: _____ _____ _____

CM's Reported Change: _____ _____ _____
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**Case Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_