



## Comprehensive Life Resources: Homeless Outreach

### **Foundational Community Supports (FCS): Supported Employment and Supportive Housing External Referral Form**

Thank you for reaching out to us about our program- Foundational Community Supports! Our organization, Comprehensive Life Resources (CLR), is a behavioral health agency with many programs ranging from outpatient therapy and case management to residential treatment centers and homeless outreach services.

Our program, FCS, is a program within CLR that encompasses Supportive Housing and Supportive Employment services. Our program is a 100% voluntary support program and clients must be motivated to work on housing and/or employment. We have no funding/client assist for housing or employment. We offer support, transportation, and assistance with searching for sustainable housing and/or employment as well as support for sustaining housing and employment – whatever that looks like for each client. We do not have house or job spots to fill.

#### **How does a person access CLR's FCS services? What does follow-up look like?**

- ✦ Please fill out this form if you have a client who is interested and may qualify (see qualifications and form below).
- ✦ Once our staff meets with a client to do their authorization assessment, it takes about a week for Amerigroup (Medicaid's third-party administrator) to get back to us. When we receive notification from Amerigroup regarding their approval/denial, staff will contact the client in the next 1-2 days. We cannot provide FCS services until Amerigroup approves the client for FCS services first.

#### **Who qualifies for FCS services?**

##### SUPPORTIVE HOUSING

- ❖ Must have active Medicaid
- ❖ Must be voluntary and motivated! (cannot apply for services if they are being court-ordered or coerced in any way – must be 100 percent voluntary)
- ❖ Must remain active and engaged
- ❖ Must meet at least ONE of these:
  - ◆ MH dx
  - ◆ SUD dx
  - ◆ Needs assistance with 3+ ADLs
  - ◆ Homeless with a disability (determined by Coordinated Entry)
- ❖ AND, they also must meet at least ONE of these:
  - ◆ Chronically homeless (the individual has lived in a place not meant for human habitation, in a safe haven or in an emergency shelter for at least 12 months, or at least four separate occasions in the last three years as long as the combined occasions equal at least 12 months)
  - ◆ Frequent or lengthy institutional contacts (2 or more occurrences in past year, or one instance lasting 90+ days) – this can be nursing home, jail, inpatient psych hospital, inpatient medical hospital, foster care facility, etc.)
  - ◆ Frequent residential care stays (2+ occurrences in past year) – this can be at an evaluation and treatment center, inpatient SUD tx, detox, adult residential care (e.g. Park Place), assisted living, emergency room visits, or adult family home)
  - ◆ Frequent turnover of in-home caregivers (3+ occurrences in past year)
  - ◆ PRISM score (1.5 or above)

##### SUPPORTED EMPLOYMENT

- ❖ Must have active Medicaid
- ❖ Must be voluntary and motivated! (cannot apply for services if they are being court-ordered or coerced in any way – must be 100 percent voluntary)
- ❖ Must remain active and engaged
- ❖ Must meet at least ONE of these:
  - ◆ Enrolled in HEN or ABD
  - ◆ MH dx
  - ◆ SUD dx

Date of Referral: \_\_\_\_\_ Request for enrollment in:  Supported Employment  
 Client's Name: \_\_\_\_\_  Supportive Housing  
 Client's Email: \_\_\_\_\_ Client's DOB: \_\_\_\_\_  
 Client's Phone # \_\_\_\_\_  
 Client's Address: \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>All referrals must meet at least one health need:</b>  |   |  |  |
| <input type="checkbox"/> Mental health dx   | <input type="checkbox"/> SUD dx                                     | <input type="checkbox"/> Enrolled in HEN/ABD             | <input type="checkbox"/> Documented homeless with a disability |
| <input type="checkbox"/> Documented medical need where they need assistance with 3 or more ADLs |   |  |  |
| <b>+ All housing referrals must meet at least one risk factor in addition to health need:</b>   |   |  |  |
| <input type="checkbox"/> Chronically Homeless   | <input type="checkbox"/> Frequent or lengthy institutional contacts | <input type="checkbox"/> Frequent residential care stays |  |
| <input type="checkbox"/> Frequent turnover of in-home caregivers                                | <input type="checkbox"/> PRISM Score (1.5 or above)                 |  |  |

**Referral Source Information:**

Your Company or Program: \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Your Phone #: \_\_\_\_\_  
 Your Position: \_\_\_\_\_ Your Email: \_\_\_\_\_

What is this person's current employment/housing situation, preferred pronouns/names, etc. Anything that will help us when reaching out to your client:

Please email this form to [fcs@cmhshare.org](mailto:fcs@cmhshare.org) or mail in when complete and our office will contact you shortly!

CLR FCS Office (please no walk-ins, by appointment only):  
 1305 Tacoma Ave South, Suite 201  
 Tacoma, Washington 98402  
 FCS Office: (253) 396-5075  
 CLR Fax: (253) 383-5548