

Housing Transition Navigation Community Supports (CS) assists members experiencing homelessness with obtaining housing by providing support with items such as housing applications, benefits advocacy, securing available resources, and providing help with landlords upon move-in.

Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:

Molina Enrollment: Only Medi-Cal Partial Duals Only: Medi-Cal with Medicare Part B and/or D

Member must meet one of the four (4) following criteria:

- Member is prioritized for permanent supportive housing unit or rental subsidy through CES or similar system.
- Member meets the HUD definition of homelessness AND one of the following:
 - Enrolled in ECM.
 - Have a serious chronic condition, or serious mental illness.
 - At risk for institutionalization or require residential services as a result of SUD.
- Member meets the HUD definition of at risk of homelessness.
- Member is at risk of experiencing homelessness AND one of the following:
 - Have one or more serious chronic condition or serious mental illness.
 - At risk for institutionalization or require residential services because of SUD or Serious Emotional Disturbance.
 - Enrolled with ECM.
 - Transition-Age Youth with significant barriers to housing stability.

Member consented to Housing Transition Navigation referral.

Requestor Information:

Referrer: Hospital/SNF PCP/Clinic IPA ECM Molina CM Other:

Referrer Organization Name:

Referrer Name: _____ Title: _____

Phone Number: _____ Referrer Fax Number: _____

Member Information:

Member Name: _____ DOB: _____

Medi-Cal ID: _____ Preferred Language: _____

Current Living Situation: _____

Cell Phone Number: _____

Alternate Contact Name: _____ Phone #: _____