



Specialty Agency Request Form  
Eviction Prevention  
Community Bridges, Inc.

**Time Limited Funds Available: April 1, 2022, through December 31, 2024**

**ARPA Eviction Prevention Funds Available:**

The City of Phoenix was awarded funding through the American Rescue Plan Act (ARPA)-Coronavirus State and Local Fiscal Recovery Funds (SLFRF). To access the programs provided under the Scope of Work Eligible Residents are those City of Phoenix residents that are low and moderate income adults, children and families who have been impacted by the ongoing COVID-19 pandemic and meet the following eligibility requirements, the individual receiving services (1) must sign the Mercy Care attestation form attesting that they are a City of Phoenix resident; (2) must not be eligible for Title XIX/XXI services; and (3) must otherwise be uninsured or underinsured as it relates to coverage of Covered Services. Provider shall verify eligibility of individuals seeking services.

**Eviction Prevention Eligibility:**

Individuals eligible for Covered Services (“Eligible Residents”) are those City of Phoenix residents that are low and moderate income adults, children and families who have been impacted by the ongoing COVID19 pandemic and meet the following requirements, the individual receiving services: (1) must sign the Mercy Care Residency attestation form attesting that they are a City of Phoenix resident; (2) must not be eligible for Title XIX/XXI services; and (3) must otherwise be uninsured or underinsured as it relates to coverage of Covered Services. Subrecipient shall verify eligibility of individuals seeking services.

**ARPA Funding Request Type:**

- Eviction Prevention
- Move-In Expenses
  - Application Fees
  - Background Checks Documentation
  - Documentation Needed for Housing
  - Deposits
  - Moving Costs
  - Short-Term Hotel Stays with Housing Solution in Place
    - Individual
    - Family
- Utility Payments
  - APS Notification
  - SRP Notification
  - M-Power Account Number

**Please direct all questions to:**

**[CBIARPAEvictionPrevention@Cbridges.com](mailto:CBIARPAEvictionPrevention@Cbridges.com)**

**CBI Housing will respond within 48 hours of email receipt.**

## Specialty Provider Referral Checklist Community Bridges Inc.

Date: [Click here to enter a date.](#)

**Please Include the Documentation Needed for Submission ARPA Funding:**

<input type="checkbox"/> State Identification Card
<input type="checkbox"/> Past Due Notice for Utilities
<input type="checkbox"/> Eviction Notice
<input type="checkbox"/> Proof of Income
<input type="checkbox"/> Plans for Continued Stability

### Confirmation of Members Non-Title XIX Status Must be Completed by Referring Agency

**Referred By:**

Provider/Agency:	Provider/Agency Location/Address:
Referral Source:	Referral Source Phone:
Referral Source Email Address:	Supervisor's Email:

**Referral For: Individual Requesting Assistance Must Reside in the City of Phoenix**

Member Name:	Member Physical Address:	Member Phone:
DOB:	AHCCCS:	
BHC: <input type="checkbox"/> SMI <input type="checkbox"/> GMH <input type="checkbox"/> SA		
Guardian (if applicable):	Guardian Address:	Guardian Phone:
Address:		
Cultural & Language Needs:		
Reason for Referral:		

**Services to be included on Treatment Plan by Primary Health Home Agency**

To be eligible for CBI H0043 Supported Housing the following four services must be included on the Treatment Plan submitted with the referral packet.

Service Category	Service Description	Frequency	
Support Services	Skills Training & Development	1-31x/month	<input type="checkbox"/> Yes, Included on treatment Plan
	Case Management	1-31x/month	<input type="checkbox"/> Yes, Included on treatment Plan
	Peer Support	1-31x/month	<input type="checkbox"/> Yes, Included on treatment Plan
	Supported Housing (H0043)	1-31 x/month	<input type="checkbox"/> Yes, Included on treatment Plan

**Please email completed referral packet to (Example)**

[CBIARPAEvictionPrevention@Cbridges.com](mailto:CBIARPAEvictionPrevention@Cbridges.com)

## Specialty Provider Referral Checklist Community Bridges Inc.

Date: [Click here to enter a date.](#)

### Please complete for

#### Supporting Documents Required for Eviction Prevention

- If rent is being requested for Eviction Prevention must submit copy of signed lease
- If rent is being requested for Utility Arrears – Eligible costs are up to 90 days' worth of utility arrears. Invoice required showing amount owed, account number, member name and unit address.
- W-9 From the landlord must be included in the referral packet (a blank W9 is attached to this template packet)
- Apartment Complex Information: Full Name of the Leasing Agent and LLC Owner Established on the W-(, Phone Number, Address, and Email Address.

- Utility Arrears Payment** Enter exact dollar amount in Total Rental Assistance requested \$ \_\_\_\_\_
- If financial assistance is being requested for Utility Arrears – Eligible costs are up to 90 days' worth of utility arrears. Invoice required showing amount owed, account number, member name and unit address.
- W-9 From the landlord must be included in the referral packet (a blank W9 is attached to this template packet)

Please email completed referral packet to (Example)

[CBIARPAReferrals@cbridges.com](mailto:CBIARPAReferrals@cbridges.com)



Client Name:
Client ID/MRN:
AHCCCS ID:
CIS Number:

AUTHORIZATION FOR RELEASE OF INFORMATION

I, Patient's Name Social Security # Date of Birth

Person/Agency authorized to make the disclosure: Community Bridges, Inc

Person/Agency Requesting the Information:

(Address, Phone number, Fax Number)

Information to be disclosed, check all that apply:
Diagnosis/Prognosis, Oral Communication, Psychiatric Assessments/Evaluations, School Records, Treatment/Service plans, Grievance and Appeals, Payment Records, Psychosocial History, Team Staffing, Triage/Discharge Summary, Medications, Progress Notes, Psychotherapy Notes, Test Results/Labs, Other (specify): All information related to this episode of care
Dates of records: From To or if note dates are specified, two (2) years will be released.
Check this box if each of the above parties may disclose your information and receive your information with the other party.
The above information may include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) testing/infection, acquired immunodeficiency syndrome (AIDS), or genetic testing. If the consumer does not want this type of information released, the consumer must draw a line through the type of information not to be released and initial next to the line.
Purpose for disclosure: coordination of care, insurance benefits, transition/discharge planning and access to other services.

I understand I may revoke this authorization at any time by writing to Community Bridges, Inc or marking and signing the appropriate box in the original signed copy of this form located in my medical record. The revocation will be effective except to the extent that action based on this authorization has already been taken. Community Bridges, Inc may not condition treatment, payment, enrollment or eligibility for benefits on whether the consumer signs the authorization. The information used or disclosed by this authorization may be at risk for re-disclosed by the recipient and no longer protected by federal privacy laws.

I REVOKE this Authorization on: (Date) Signature of Consumer:

This consent will expire automatically 60 calendar days from the date on which it is signed unless otherwise specified (check one):
ON: (date) OR Upon Discharge from Community Bridges OR Upon Disenrollment from the T/RBHA

Signature of Patient Witness

Date: Date:

Does NOT have permission to contact my PCP; Pt's Signature:

Notice: Alcohol and drug abuse patient records are protected by Federal confidentiality regulations (42CFR part 2). The Federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Communicable disease related information pursuant to this release cannot be disclosed without specific written authorization. (ARS. 36-664.H)

AUTHORIZATION FOR RELEASE OF INFORMATION

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)	
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
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-	-								
<b>or</b>									
<b>Employer identification number</b>									
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### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.