YORK/ADAMS HEALTHCHOICES MANAGEMENT UNIT

Application for CRR Room and Board Subsidy

Application/Submitted Date: _____ County of Residence: ☐ York

Youth Information:

Youth's Full Name: _____

M.A. #: _____

Youth Financial Resources:

Total Social Security Benefits: _____ SSI/SSDI Verification Attached: Y / N

If no Social Security Benefits, has an application be made? Y/ N Date: _____

Total Adoption Subsidy: _____ Verification Attached: Y/N

Youth's Wages: _____ Youth's Inheritance: _____

Youth's Cash Assistance: _____ Youth's Child Support: _____

Total Youth's Financial Resources: _____

Youth's Current Behavioral Health Needs and Services:

Behavioral Health Diagnosis: _____

_____

Current Services: _____

Guardian Information:

(if youth financial resources are greater than or equal to $721, this section is not needed)

Date County Liability Completed: _____ Amount of County Liability: _____

County Liability Attached: Y / N If no, why not: _____

Service Provider Information:

Provider's Name: _____

Provider's Address: _____

Point of Contact: _____ Phone: _____

Fax/Email: _____

Authorized Days: _____ Date Youth Placed in CRR: _____

Date CCB Auth Begins/Continue: _____ Date Auth Ends: _____

Referral Source:

Name/Title: _____

Agency: _____

Contact #: _____ Email Address: _____

PLEASE SUBMIT COMPLETED APPLICATION with **REQUIRED DOCUMENTATION* TO:**

York/Adams HCMU | 100 W. Market Street, Suite B-01, York, PA 17401-1332 | 717-771-9900 (office) 717-771-9590 (fax)

- ☐ *Current Releases- *(1) for Referral Source and the York/Adams HCMU and, (1) for York/Adams HCMU and CRR Provider*
- ☐ *Current Proof of Youth Income- example *pay stubs, web site print outs of SSA, DPW, Domestic Relations, and copy of Adoption subsidy*
- ☐ *Current County Liability- *only if youth financial resources are less than $721*

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION COULD RESULT IN THE REJECTION OF THE APPLICATION

HCMU use only: Tracking No.: _____ Previous Tracking No: _____ Liability/Releases Expire: _____

Month/# of Days	Total Amount	Family's Amount	HealthChoices Amount