SOUTH CENTRAL BEHAVIORAL HEALTH REGION MENTAL HEALTH DISABILITY SERVICES

County of Residence Determination Worksheet

"County of residence" means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

irst Name:	Middle Name:	Last Name:	Maide	n/Nickname:
ate of Birth:	SSN#:			
*				
Current Address	,	City	State	County
☐ Intermediate ☐ Homeless/She Dates of Residen If you are NOT I 1) 4) Do you intend to Explain:	ported Community Living Hor Care Facility(ICF)/Nursing Hor Elter/Street Other: Explain cy at this address:	to you are homeless, please ind ly or for an indefinite period idence:	HI State Resou icate where you slo 3)	rce Center pt the last five night
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* Previous Address	City	State	County
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Dates of Residency at this addres	ss:to	_	
<u> </u>	County of Residence: Please Continue.	-	
*	Q**	Q	
Previous Address	City	State	County
☐ Homeless/Shelter/Street ☐ O	ther: Explain		
Residency Determined? Yes,	County of Residence:	_	
Residency Determined?	County of Residence:Please Continue.	_	
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