

MACSIS RESIDENCY VERIFICATION

(Multi-Agency Community Services Information System)

The purpose of this form is to clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled. It should be completed and provided to the enrolling board when:

- ❖ The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out-of-county).
- ❖ The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (example: domestic violence shelter case, client temporarily living with relatives, child or adult, out-of-county).
- ❖ The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county).

*A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.

ADULT

Client is an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:	
Client Name (please print)	
Street Address for Residency Determination Purposes	
City, State, and Zip for Residency Determination Purposes	
Signature of Client	Date

MINOR

Client is a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate if child is in legal custody of the following (this is not the foster parent). <input type="checkbox"/> Parent <input type="checkbox"/> CSB <input type="checkbox"/> DYS <input type="checkbox"/> Court <input type="checkbox"/> Other (specify): _____	
Client Name (please print)			
Name of Legal Custodian Marked Above		Phone No. of Legal Custodian	
County of Legal Custodian			
If Parent, Address of Parent (if different from client's physical address on enrollment form)			
Signature of Legal Custodian		Date	

*For the special exceptions noted, this form should not be used. Refer to the residency guidelines for more information on how to determine residency in these cases and/or what documentation is needed to provide proof of residency.