

## TRI COUNTY ADAMHS BOARD RESIDENCY VERIFICATION

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

An individual'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.

**Adult**

**Phone Number:** \_\_\_\_\_

Client is an adult? Yes    No <b>If yes, complete the following information.</b>	
Client Name	
Street Address (for Residency Determination Purposes)	
City, State, and Zip (for Residency Determination Purposes)	
Signature of Client	Date
Signature of Staff Member	Date

**Minor**

Client is a Minor?    If yes, indicate if child is in legal custody of the following: Yes    No    Parent    CSB    DYS    Court    Other: _____	
Client Name	
Name of Legal Custodian Indicated Above	Phone No. of Legal Custodian
Street Address of Legal Custodian	
City, State, and Zip of Legal Custodian	County
Signature of Legal Custodian	Date
Signature of Staff Member	Date