

ATTACHMENT A

MONTGOMERY COUNTY ADAMHS BOARD
RESIDENCY DETERMINATION FORM

Date: _____ Date Member Applied for Services: _____

All members receiving Board funded alcohol, drug addiction and mental health services other than emergency or crisis must provide proof of Montgomery County residency.

The following documentation can be used to verify member's citizenship of Montgomery County. Agency service provider must copy any documentation member used to verify residency and a copy must be part of the Out-Of-Network Service Provider Reimbursement Authorization Packet.

- _____ Montgomery County Voter Registration Card
- _____ Driver's License with Montgomery County address
- _____ Medicaid Card with Montgomery County address
- _____ State of Ohio Personal Identification Card with Montgomery County address
- _____ Utility Bills with Montgomery County address (does not include cable bills/cell phone bills)
- _____ Other (tax payment, etc.) with Montgomery County address

Exceptions to residency requirement:

- _____ Client was committed pursuant to Ohio Revised Code Sections 2945.40
- _____ Client received emergency or crisis services
- _____ Client was hospitalized with the past 60 days at an Ohio State Hospital where residency was determined for the purpose of Board payment

Service Provider

ADAMH/ADA/CMH Board