

BHBH Enhanced Shelter Referral Voucher

Consumer Information:

First Name: _____
 Last Name: _____
 Date of Birth: _____
 Medical Record #: _____

Facility Information:

Vendor Name: _____
 Shelter Address: _____
 Facility Phone: _____

Program, Cost Center and Contact Information

Behavioral Health Bridge Housing (BHBH)

Enhanced Shelter

Case Manager: _____ Phone: _____
 Program Manager: _____ Phone: _____
 Billing Coordinator: _____ Phone: _____
 Email: _____
 After Hour Contact: _____
 (if applicable) —

_____ BHBH
 FSP Client
 (choose one) ☐

Placement and Payment Authorization

Date of First Shelter Night Authorized: _____ Bed Hold Authorized: _____

_____ DBH Staff _____ Signature _____ Date _____

_____ Program Manager/Designee _____ Signature _____ Date _____

Placement and Payment Termination

Date of Last Shelter Night Authorized: _____

_____ DBH Staff _____ Signature _____ Date _____

_____ Program Manager/Designee _____ Signature _____ Date _____

Disposition at Exit

Moved to another shelter	Self-Pay Housing	Hospitalized - medical
Residential Treatment (CRT, SUD, etc)	Assisted/Supported Housing	Hospitalized - psychiatric
Involuntarily discharged from shelter	Temporary family/friends	Incarcerated
Voluntarily returned to homelessness	Long-term family/friends	Other:

**Vendor Instructions on the back

Voucher Instructions for the Vendor

This voucher will authorize admission of the DBH consumer into your shelter site, the dates indicated for services are reimbursable under contract. Information below are helpful tips regarding the information contained within the voucher and program contacts.

Case Manager:		Phone:	
Program Manager:		Phone:	
Billing Coordinator:		Phone:	
After Hour Contact: (if applicable)			

DBH Program must include the information for the assigned Case Manager, Program Manager and Billing Coordinator for their program. *If this is incomplete, the voucher is incomplete.* Each consumer is assigned a **Case Manager**, whom the vendor would reach out and communicate for the following: behavior concerns, medication compliance, etc...

The vendor would reach out to the **Program Manager** in the event they could not successfully reach the Case Manager, any **Urgent** placement issues, or crisis situation.

The **Billing Coordinator** receives and processes invoices for shelter services, each per program. You will submit monthly billing to them and may contact them regarding billing questions.

Date of First Shelter Night Authorized:

This is the first night in which payment is authorized for shelter bed services; should be reflected in the monthly invoice.

Date of Last Shelter Night Authorized:

This is the last night in which payment is authorized for shelter bed services; this should also be listed on the monthly invoice when applicable.