



QUEST Integration (QI) Consent to Participate in Community Integration Services (CIS) Form

First Name	Last Name	DOB	Preferred Name:	Medicaid ID #
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PART A: HEALTH NEEDS-BASED CRITERIA	PART B: HOUSING CRITERIA
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Sheltered or <input type="checkbox"/> Unsheltered Homelessness
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Risk of Imminent Eviction
<input type="checkbox"/> Complex Physical Health	<input type="checkbox"/> Frequent Institutional Stays

Consent to participate in CIS

- I have been informed about the housing services available through the CIS program.
- I understand that I have the right to pick the CIS provider that will deliver and monitor my services.
- I will participate in CIS visits and assessments.
- I understand that I can contact my CIS provider at any time I have questions about my housing plan or the services I receive.

Based on the information that has been presented to me, I want to [check one]:

- ACCEPT:** I voluntarily agree to enroll in **Community Integration Services**
- REFUSE:** I do not want **Community Integration Services**

REASON FOR REFUSAL: _____

Member or Advocate/Representative Signature

Date

If signed by Member Advocate/ Representative,
 Relationship to Member: _____
 Phone: _____

CIS Services Agency or Health Plan Name:

Staff Name and Title