



All Offices:
(919) 651-8401



Online:
AllianceHealthPlan.org

Residency Verification Attestation Form

Individuals who are uninsured must meet income and residency requirements to qualify for state-funded behavioral healthcare, and the provider must verify that the member resides in Cumberland, Durham, Johnston, Orange, Mecklenburg, and Wake counties. When persons reside in an Alliance catchment county but are identified by Alliance through State resources as having Family Planning Medicaid (MAFD) from a non-Alliance catchment county, providers must submit documentation to confirm residency status.

Please complete the appropriate section below and submit this form, along with any relevant documentation, to eligibilityconfirmation@alliancehealthplan.org

Member Name: _____ Date of Birth: _____

Member Address: *cannot be P.O. Box; if homeless, provide location where individual is currently staying, or write 'homeless' if no address is available*

Street: _____

City: _____ County: _____ Zip: _____

Member residency status is verified based on the following (select one):

- Member is homeless and expresses an intent to reside in an Alliance catchment county
- Member has provided supporting documentation (e.g., lease, utility bill, bank statement, postmarked mail delivered to member, etc.) that is attached to this request.
- Supporting documentation is not available, but additional information is available to verify residency (please provide details): Member was at Healing Transitions prior to admission to ADU for 3 days. Member shared he was also at Durham Rescue Mission for several days and at RI DRRC when in Durham. Member would like to take part in the Southlight Collaborative and seek oxford house placement in Wake County.

I attest that this information is true, accurate and complete to the best of my knowledge.

Name: _____ Agency: _____

Signature: _____ Phone #: _____

Date: _____



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