



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, Harnett, Johnston, Mecklenburg, Orange or Wake county. When a person resides in an Alliance catchment county but is identified by Alliance as having Medicaid coverage excluded from Tailored Plan from a non-Alliance catchment county, providers must submit documentation to confirm residency status.

Member information

Note: address cannot be P.O. box; if homeless, provide location where individual is currently staying, or write 'homeless' if no address is available

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Full name _____ Date (mm/dd/yyyy) _____

Address line 1 _____ Address line 2 _____
Street, P.O. Box, etc. Suite, Building, etc.

City _____ State _____ ZIP code _____

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, e.g.: 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).

Attestation

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Full name _____ Agency _____

Email _____ Phone _____

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

Signature (sign or type)

Date (mm/dd/yyyy)

x

Submission instructions

Please complete the appropriate section above and submit this form, along with any relevant documentation, via secure email to EligibilityConfirmation@AllianceHealthPlan.org.