SA/IH PROGRAM INTERAGENCY TRANSMITTAL FORM

☐ **Application** ☐ **Review** ☐ **Rate Change** ☐ **COLA** ☐ **Other Change** ☐ **Supplement**

TO: ☐ ADULT SERVICES CASE MANAGER: _____ DATE: _____

☐ IMC: _____ DATE: _____

CASE NAME: _____ SA/IH AUTHORIZATION #:_____

EIS CASE ID#: _____

SA ELIGIBLE: ☐ YES ☐ NO FL-2 NEEDED: ☐ YES ☐ NO

INCOME: RSDI $ _____ SSI $ _____ VA $ _____ OTHER $ _____

SA/IH PARTIAL MONTH: _____ MAXIMUM ELIGIBLE AMOUNT $ _____

SA/IH ONGOING MONTH: _____ MAXIMUM ELIGIBLE AMOUNT $ _____

SA/IH SUPPLEMENT POTENTIALLY DUE CLIENT FOR THE PERIOD OF: _____

IN THE AMOUNT OF $ _____

REASON FOR SUPPLEMENT: _____

IMC SIGNATURE: _____ DATE: _____

SA/IH PARTIAL MONTH: $ _____ AUTHORIZED by SA/IH CASE MANAGER

SA/IH ONGOING MONTH: $ _____ AUTHORIZED by SA/IH CASE MANAGER

SA/IH SUPPLEMENTAL PAYMENT OF $_____ FOR THE PERIOD OF _____

AUTHORIZED by ADULT SERVICES CASE MANAGER:
CASE MANAGER SIGNATURE: _____ DATE: _____