

Florida Housing Waiver Referral Form

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

Individuals must meet all the following criteria:

1. Be at least 21 years old
2. Be experiencing homelessness or at risk of experiencing homelessness
3. Be diagnosed with:
 - a. Serious mental illness (psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder, or obsessive-compulsive disorder)
 - or**
 - b. Substance use disorder (can be self-reported)

Name of individual referred:	
Medicaid number:	
Date of birth:	
Phone number:	
Address (if applicable):	
County:	
Diagnosis:	
Reason for referral detail specific services needed):	
Name of person making the referral:	
Date form completed:	

Email referral forms to dl-fhwreferrals@simplyhealthcareplans.com.