

ATTACHMENT A

**MONTGOMERY COUNTY ADAMHS BOARD**

**RESIDENCY DETERMINATION FORM**

Date: \_\_\_\_\_ Date Member Applied for Services: \_\_\_\_\_

All members receiving Board funded alcohol, drug addiction and mental health services other than emergency or crisis must provide proof of Montgomery County residency.

The following documentation can be used to verify member's citizenship of Montgomery County. Agency service provider must copy any documentation member used to verify residency and a copy must be part of the Out-Of-Network Service Provider Reimbursement Authorization Packet.

- \_\_\_\_\_ Montgomery County Voter Registration Card
- \_\_\_\_\_ Driver's License with Montgomery County address
- \_\_\_\_\_ Medicaid Card with Montgomery County address
- \_\_\_\_\_ State of Ohio Personal Identification Card with Montgomery County address
- \_\_\_\_\_ Utility Bills with Montgomery County address (does not include cable bills/cell phone bills)
- \_\_\_\_\_ Other (tax payment, etc.) with Montgomery County address

Exceptions to residency requirement:

- \_\_\_\_\_ Client was committed pursuant to Ohio Revised Code Sections 2945.40
- \_\_\_\_\_ Client received emergency or crisis services
- \_\_\_\_\_ Client was hospitalized with the past 60 days at an Ohio State Hospital where residency was determined for the purpose of Board payment

\_\_\_\_\_  
Service Provider

\_\_\_\_\_  
ADAMH/ADA/CMH Board