



## QUEST Integration (QI) Consent to Participate in Community Integration Services (CIS) Form

<b>First Name</b>	<b>Last Name</b>	<b>DOB</b>	<b>Preferred Name:</b>	<b>Medicaid ID #</b>
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<b>PART A: HEALTH NEEDS-BASED CRITERIA</b>	<b>PART B: HOUSING CRITERIA</b>
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Sheltered or <input type="checkbox"/> Unsheltered Homelessness
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Risk of Imminent Eviction
<input type="checkbox"/> Complex Physical Health	<input type="checkbox"/> Frequent Institutional Stays

### Consent to participate in CIS

- I have been informed about the housing services available through the CIS program.
- I understand that I have the right to pick the CIS provider that will deliver and monitor my services.
- I will participate in CIS visits and assessments.
- I understand that I can contact my CIS provider at any time I have questions about my housing plan or the services I receive.

Based on the information that has been presented to me, I want to [check one]:

- ACCEPT: I voluntarily agree to enroll in **Community Integration Services**
- REFUSE: I do not want **Community Integration Services**

REASON FOR REFUSAL: \_\_\_\_\_

\_\_\_\_\_  
**Member or Advocate/Representative Signature**

\_\_\_\_\_  
**Date**

If signed by Member Advocate/ Representative,  
 Relationship to Member: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
**CIS Services Agency or Health Plan Name:**

\_\_\_\_\_  
**Staff Name and Title**