Logo

Description automatically generated

**Notification of Homeless/Risk of Homelessness Member**

**Instructions:**

Providers must complete the form below to notify Optum of a homeless/risk of homelessness member to collaborate in identifying resources to assist with the housing situation.

* Complete the form below
* Email as an attachment to:

* Mass General Brigham Health: [massbhcca@optum.com](mailto:massbhcca@optum.com)
* UHC Senior Care Options and MA OneCare Plan: [UHC\_MA\_Homeless\_Discharge­@uhc.com](mailto:UHC_MA_Homeless_Discharge%1f@uhc.com)

Upon receiving an inquiry from a facility, Optum staff will respond back to the facility email within 12 hours to confirm receipt and share contact information for the Care Coordinator who will be supporting the case. Once notified by the Optum Point of Contact, the Optum Care Coordinator will outreach to the facility to collaborate in identifying resources to assist with the housing situation.

|  |  |  |
| --- | --- | --- |
| **Member Information** | | |
| **First Name** | **Last Name** | **Date of Birth** |
|  |  |  |
| **Insurance Type** | **Primary Insurance Name** | **Subscriber ID #** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Facility Information** | |
| **Referring Facility Name** | |
|  |  |
| **Initial Facility Notification Date** | **Initial Facility Notification Time** |
|  |  |
| **Facility Discharge Specialist Name** | **Facility Discharge Specialist Phone Number** |
|  |  |