

# Instructions for completing the Wicomico Somerset Regional Core Service Agency Consumer Support and Individual's Authorization forms

Consumer Support form: The sections/questions are numbered to allow for easier explanation of what is required.

1. Name of consumer and requested information should be written here, even if client is a child.
2. Individual must be a consumer of the Public Mental Health System. If the consumer does not have MA or PAC, he/she must apply.
3. Verify that consumer has applied for MA or PAC and provide a written statement acknowledging that he/she has applied; if he/she does not qualify please indicated why.
4. Indicate what type of coverage client has, if any.
5. Describe what assistance is needed and answer questions. If it is not for necessity please explain how it would help with their mental health treatment. The Wicomico CSA can no longer provide assistance for glasses or dental needs.
6. If this is a reoccurring expense (ex. rent, utility) what were the circumstances that left the consumer unable to pay for the expense, and once caught up how they will be able to maintain paying. If this is a one time only expense, explain why they are unable to pay for it themselves.
7. Please verify that other sources have been accessed for medications and provide a statement referencing the sources. Please include a copy of the prescriptions.
8. Explain why the \$3.00 co-pay should be waived for each prescription requested.
9. Include all income in the household, not just the consumer's. Include all expenses for the household.
10. Please make sure all members of the household are included in this section.
11. Indicate who the check should be made payable and their contact information. This cannot be the consumer. An Individual's Authorization form should also be completed for this business or person allowing us to discuss payment. If requesting prescription assistance, we use Apple Discount Drug to fill prescription; if requesting lab assistance, we use Quest Diagnostics.
12. It is required that the client must have tried to obtain funding from at least two other sources for their financial need (with exception to lab tests).
13. The agency representative completing this form must sign and print their name and agency name.

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Individual's Authorization form: A separate release will need to be completed for each agency / business / person that the CSA will need to communicate with regarding this consumer's request.

Section A Complete section – Name, Address, Phone, DOB of consumer

Section B II. Write name of agency / business / person that the CSA will need to communicate with regarding this consumer's request. The purpose of the disclosure should describe why we need to communicate with the agency / business / person (ex. continuity of care)

Section C - Write the name of the agency / business / person from Section B and their contact information.  
- Check (✓) if the consumer would or would not wish to have records or information from another entity released under this authorization.  
- Write expiration date of this form (usually one year from completion date)

Section D Consumer to read and sign form. If consumer is a child, the legal guardian will need to sign form.