



Disposition Data Sheet
SMI Eligibility Department
Form 3.10.2

Demographic Information

****Please address ALL sections****

BHR Name (AKA): _____ BHR DOB: _____

BHR Phone #: _____ Social Security #: _____

T19: Yes No Gender: Female Male Is there a guardian: Yes No

Guardian Name: _____

Guardian Address (if different than BHR): _____

ER Contact: _____ ER Contact Phone #: _____

Living Situation

BHR or Guardian Mailing Address: _____

BHR Residential Address _____

BHR Residential Cross Streets: _____

Is the BHR Homeless? Yes No

If yes, please provide a physical description, cross streets, or usual locations where the BHR stays:

Evaluation Information:

Staff member completing SMI Evaluation: _____

Agency name: _____ Agency Address: _____

BHR site preference:

PNO Address information located at: <http://magellanofaz.com/mypage-en/find-a-provider/provider--clinic-directories.aspx>

- Arcadia Bethany Village Capital Center Centro Esperanza Comunidad East Valley
- Enclave Garden Lakes Hampton Highland Metro Center Midtown
- Osborn Saguaro San Tan South Central Townley Center West McDowell
- West Valley No Preference Noted

Reason for Site Preference: Geographic Location Site Specialty Brand Name/Recognition

Other (please explain): _____

SMI Evaluation Date: _____

Comments (Serious Crimes, Languages, Special Needs, or other information):
