

## ATTACHMENT A

### Hamilton County Mental Health and Recovery Services Board SHARES ELIGIBILITY VERIFICATION DOCUMENTATION FORM

The HCMHRSB Eligibility Verification Documentation Form should be used when an agency requests a change to the **name, date of birth, SSN, address, or service intake date** for a member previously enrolled in SHARES. Please check the appropriate box for only those items that need to be changed and provide the data currently in SHARES along with the desired change.

Once the form is complete, attach the form and verification documentation for all items marked with an “X”, to the member in SHARES (Member/Summary page), and notify HCMHRSB staff ([Rochelle Render](#), [Monica Reed](#)) by email of the desired request. (See User Guide pgs. 5 and 6). Acceptable supporting documentation see Attachment A.

Agency Provider ID: \_\_\_\_\_ Staff Name: \_\_\_\_\_

SHARES ID: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Hamilton \_\_\_\_\_ Franklin \_\_\_\_\_ Cuyahoga

“X” Box to identify data to change		Data Currently in <u>SHARES</u>	Corrected Data
	<b>First Name</b>		
	<b>Last Name</b>		
	<b>Date of Birth</b>		
	<b>Social Security</b>		
	<b>Address</b>		
	<b>Service Intake Date</b>		
	<b>Plan Change</b>		