

**WHITE MOUNTAIN APACHE TRIBAL
REGIONAL BEHAVIORAL HEALTH AUTHORITY
FORM 3.1.6**

ELIGIBILITY SCREENING MONTHLY REPORT

Name of Facility: _____

Name of Staff Completing Report: _____

Facility AHCCCS ID# _____

Date of Report: _____

	SMI		NON SMI		CHILD	
	New Applicant	Currently Receiving Services	New Applicant	Currently Receiving Services	New Applicant	Currently Receiving Services
Number Screened						

This report must be completed and faxed to WMATRBHA Intake Specialist (928) 338-4930 by the 5th of the next month. For Technical Assistance please call Intake Specialist Ida Dahkoshay at Apache Behavioral Health Services (928) 3384811.