ALTERNATIVE FAMILY LIVING (AFL) REQUEST FORM

THIS FORM CAN BE USED BY IN-NETWORK PROVIDERS ONLY.

IMPORTANT REQUIREMENTS & INSTRUCTIONS:

- Provider must be fully contracted for the requested service(s) at their master site in order to use this form.
- If NOT already contracted for the service(s) at the master site, stop and submit an email to NetworkServicesSupport@trilliumnc.org and request the service(s) to be added to your contract or the master site. Community Based Services must be added to the master site via a Network Development request.
- The Requested Effective Date for this site addition **cannot** precede the date of the site review/approval or the effective date of the license (when applicable).
- Submit this completed form to NetworkServicesSupport@trilliumnc.org.

PROVIDER INFORMATION					
Date Form Completed		**Requested Effective Date** (cannot precede site review or license eff. date)			
Provider Name					
Contact Name					
Contact Phone Number		Contact Email			
Billing Address					
	Street	City	State	Zip	+4
Tax ID		NPI#		Taxonomy#	
AFL SITE INFORMATION					
AFL Provider Staff Name					
Site Name					
Site Address					
	Street	City	State	Zip	+4
IF THIS IS A LICENSED SITE, A COPY OF THE LICENSE **MUST BE SUBMITTED** WITH THIS REQUEST					
License Number		License Expiration Date			

MEMBER INFORMATION

Member Name		Member Record #		Member DOB	

Current Address					
	Street	City	State	Zip	+4

Trillium Care Manager (if applicable)	

SERVICE INFORMATION

Please note: This form cannot be used to add any service(s) other than those listed below. If the service(s) is not listed, please stop and email NetworkServicesSupport@trilliumnc.org to request the desired service(s).

REASON FOR REQUEST	SERVICE(s) REQUESTED
AFL HOME NEEDED FOR A MEMBER ☐**HOME IS LICENSED** • Submit copy of license with this request. • HCBS assessment must be approved. ☐ **HOME IS UNLICENSED** • Trillium must complete a site review. • HCBS assessment must be approved.	☐ **RESIDENTIAL SUPPORTS: LEVELS 1-4 (Innovations)** • H2016 CG: Residential Supports Level 1 • T2014 CG: Residential Supports Level 2 • T2020 CG: Residential Supports Level 3 • H2016 HI CG: Residential Supports Level 4 ☐ **INDIVIDUAL AND TRANSITIONAL SUPPORT (ITS) (1915i) – T1019 U4**

ADDITIONAL INFORMATION