

RESIDENCY DISPUTE DETERMINATION (RDD) REQUEST

Date of Request	Date Received	MACSIS UCI No.
Client Name	Date of Enrollment	MACSIS Plan Code Assignment
Current Assigned Board	Other Board Involved	
Evidence of Efforts to Resolve Dispute at the Local Level		
Evidence of Physical Presence Within the County of Current Assigned Residence		
Evidence of Client's Intent to Stay Within the County of Current Assigned Residence		
Evidence of Physical Presence Within the County of Potential Assigned Residence		
Evidence of Client's Intent to Stay Within the County of Potential Assigned Residence		
Special Considerations		
RDD Panel Determination		
Residency Assigned to	Signature	Date

Copies to:

- | | |
|--|--|
| <input type="checkbox"/> Board
<input type="checkbox"/> Other Board
<input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> ODMH/MACSIS RDD Representative
<input type="checkbox"/> ODADAS/MACSIS RDD Representative |
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