Region 6 Behavioral Healthcare

Systematic Alien Verification for Entitlements (SAVE) Program Inquiry Checklist

In order for Region 6 Behavioral Healthcare to run an inquiry through the SAVE System, ALL of the following nine (9) items MUST be filled out and **a copy of the front and back of the consumer's card must be attached.**

Completed forms can be sent to Angela Bilyeu at Region 6 Behavioral Healthcare via SECURE email at abilyeu@regionsix.com.

Submitting Agency:	
Date:	
Name/Title of Document presented by the applicant requesting services*	
Alien Number*	
Card/Document Number*	
Card/Document Expiration Date	
First Name	
Last Name	
Date of Birth: (mm/dd/yyyy)	

You may also contact Angela with questions or comments at ph. 402 996-8381 or abilyeu@regionsix.com.

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