



Transitional Services Request/Referral Form

Transitional services: Items and expenses necessary and reasonable for a person to transition from an eligible setting to their own home or an integrated community supports setting.

Person's own home: For the purposes of this service, a person's own home is a setting they own, rent or lease that is not operated, owned or leased by a provider of services or supports. The person has full control of their housing and choice of service provider.

Eligibility: A person is eligible to receive transitional services if they meet all the following criteria:

- Age 18 or older, and are waiver eligible (BI, CADI, CAC, & DD).
- Moving from an eligible setting to their own home or an integrated community supports setting.
- Moving to a setting where these items and expenses are not normally furnished.
- Not able to access transitional services from other funding sources (e.g., community nonprofit organizations).
- Case manager will add service to CSSP, and service will not have been used within last 3 years.

| REFERRING CASE MANAGER | | | | | | |
|-------------------------------|------------|-----------------|----------------------------|----------------|------|----------|
| Agency: | | | Telephone: | | | |
| Address: | | | Fax: | | | |
| Name of Case Manager: | | | Email: | | | |
| CONSUMER INFORMATION | | | | | | |
| Name: | | | Telephone: | | | |
| CFR: | | Race: | | DOB: | | |
| Email: | | | Interpreter needed? Yes No | | | |
| Diagnosis 1: | | Code: | | PMI #: | | |
| Diagnosis 2: | | Code: | | CAC | CADI | BI EW DD |
| PROVIDER NAME | NPI NUMBER | DESCRIPTION | PROCEDURE | MAXIMUM AMOUNT | | |
| Caremark Home Health Care LLC | 1407476252 | Household Items | T2038-U2 | \$300.00 | | |
| Caremark Home Health Care LLC | 1407476252 | Furniture | T2038-U1 | \$1000.00 | | |

Caremark Home Health Care LLC

Email: Ics.Caremark@gmail.com

Phone: 612-399-9987

Fax: 952-487-4284



| | | | | |
|-------------------------------|------------|---|-------|-----------|
| Caremark Home Health Care LLC | 1407476252 | Moving services Delivery Damage deposit Application fee Mileage Labor | T2038 | \$1700.00 |
|-------------------------------|------------|---|-------|-----------|

Does the client have a spend down? Y N If yes, how much is the spend down? _____

| Please check the services identified in the CSSP for the Transitional Service Coordinators to coordinate: | |
|---|---|
| <input type="checkbox"/> | Move personal items from Licensed Facility or Storage Unit to Consumer's new home (movers will NOT pack, unpack, assemble, or disassemble) |
| <input type="checkbox"/> | One-Time Pest and Allergen Treatment of Home |
| <input type="checkbox"/> | Purchase One-Time Household/Cleaning Supplies/Furniture (SEE LIST BELOW) |

(Only complete areas where movers need to pick items up from)

| | | |
|-------------------------|-----------------------------|------|
| Current address | Name of facility: | |
| Address of facility: | | |
| Room number: | Contact at facility: | |
| City: | State: | Zip: |
| Storage facility | | |
| Storage facility | Name of storage facility: | |
| Address of facility | | |
| Unit number: | Code/Access: | |
| City: | State: | Zip: |
| New address | | |
| New address | Name of Apartment Building: | |
| Address: | | |
| Apartment # | | |
| City: | State | Zip: |

*******Date of Move:** _____

Damage Deposit/Application Fee – T2038: YES NO (circle one) Amount \$ _____

(Damage deposits will not be available until day of move. Letters of guaranteeing payment can be sent out by request).



| | |
|-----------------------------------|--|
| Name Payable for Security Deposit | |
| Telephone Number | |
| Address (for mailing the check) | |
| City | |
| State | |
| Zip Code | |

Color preferences _____

(**based on availability and are not guaranteed/we will do our best**)

Apartment size: Studio 1-Bedroom 2-Bedroom 3-Bedroom (Check one)

Only check items needed

If all items are checked, some used furniture may be included.

**** Beds are Twin, unless size is an issue. ****

(T2038-U1) – Essential Furniture, not to exceed \$1,000 of allowable \$3,000.

| | | | |
|------------|------------|---------------------|-------------------------------|
| Bed frame | Mattress | Box spring | Dresser |
| Floor lamp | TV stand | Dining table/Chairs | (2 or 3 chairs, circle one) |
| Nightstand | Table lamp | Sofa/couch | (2 or 3 cushions, circle one) |

(T2038-U2) – Household Supplies, not to exceed \$300 of the allowable \$3,000.

| | | |
|--|------------------------------|-------------------------|
| Coffee pot | Silverware | Comforter (list size) |
| Toaster | Dishes | Sheets (list size) |
| Clock | Drinking glasses (4 plastic) | Blanket (1) (list size) |
| Pots/pans | Dish rack with tray | Hangers |
| Kitchen linens | Pillow (1) | Kitchen garbage can |
| Mixing bowls | Shower curtain and rings | Garbage bags |
| 3 pc knife set | Bathroom linens | Toilet paper |
| Small cutting board | Stick vacuum | Paper towels |
| Kleenex | Sponge/dish soap | Broom w/dustpan |
| Hamper | Cleaning supplies | mop |
| Laundry detergent | Toilet brush | Other: |
| Microwave: (choosing this option means you won't be able to get every item listed above) | | |

Signature of Consumer: (optional) _____

Referring Case Manager Signature: _____ **Date** _____