

TRANSITION FROM A GROUP LIVING LOCATION TO THE COMMUNITY

Specify if you are currently living in one of the following group living residential facilities:

<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Substance Use Disorder Treatment Facility
<input type="checkbox"/> Basic Care Facility	<input type="checkbox"/> Mental Health Treatment Facility	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Domestic Violence Shelter	

Name of Group Living Facility

Address	City	State	ZIP Code
Date of Admission	Anticipated Discharge Date	Planned Discharge Location	
Type of Transition Assistance needed (needs furniture, etc.)			

ASSISTANCE TO AVOID INSTITUTIONALIZATION

Specify if you are in direct threat of being placed in one of the following institutional settings:

<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Basic Care	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> ICF/ID	<input type="checkbox"/> Assisted Living	
<input type="checkbox"/> Living environment is found to be inhabitable based on an inspection from a local housing office or inspector, and their continued habitation at the residence would be dangerous		
<input type="checkbox"/> A change in health or disability results in the need for an accessible housing unit		

Specify the individuals that are in the process of arranging placement into an institution (mark all that apply)

<input type="checkbox"/> Guardian	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Housing Inspector	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Family Member	<input type="checkbox"/> Social Service Staff	<input type="checkbox"/> Self	

Community Address	City	State	ZIP Code
Type of Assistance Needed (examples: assistive device, home modification, assistance moving to new living situation, etc.)			

FOR INTERNAL USE ONLY

Date Application Received	Date Application Approved by MFP Staff	Type of ADRS Service Approved <input type="checkbox"/> Transition <input type="checkbox"/> Diversion
Date Referral Sent to the Assigned Agency	Agency Assigned to Provide ADRL Service	