



## TRANSITION AND DIVERSION PROGRAM CONSENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADULT AND AGING SERVICES

SFN 658 (5-2025)

Consumer Name

I freely choose to participate in the Transition and Diversion Program.

The Transition and Diversion Program is intended to assist individuals with either moving from a provider operated residential facility to a community residence or to assist with maintaining community living. This program assists with transition coordination services, housing facilitation, and some transition or diversion costs.

### **I understand the following:**

Active communication and cooperation with the transition coordinator, housing facilitator and other team staff throughout the planning process is necessary.

Transition or Diversion related funds: Funds are available, upon approval, to purchase items directly related to successful transition or diversion related needs. The transition coordinator making purchases is not obligated to purchase any item that is not directly related to the transition or diversion.

Funds needed to support the transition or diversion should be identified early in the process and utilized to accomplish the transition or diversion goals.

The Transition and Diversion Program Consent must be signed before funds can be approved.

Funds may be used for application fees, security deposits, home furnishing expenses, home modifications, assistive devices and other costs directly related to my transition or diversion needs.

Funding cannot assist with room and board costs, groceries, clothing, ongoing rent, ongoing utility charges, past due rent, past due utilities, entertainment devices, storage unit costs, vehicle or home repairs, or ongoing transportation costs. Agency staff will purchase items for my transition. All items will be approved by North Dakota Adult and Aging Services before purchase.

Individuals without income to sustain community living will not be assisted with finding housing or moved to another location until they have established a sustainable income to maintain community living.

I must choose to live or continue to live in a qualified residence, defined as:

- A home owned or leased by me or a family member
- An apartment that is not in a Basic Care or an Assisted Living Facility
- Agency or Adult Family Foster Care

Transition Coordination will be available for \_\_\_\_\_ days after my transition or diversion and I will meet with team staff at least once a month during my eligibility period. I know I can end services at any time.

### **Signatures**

Participant Signature	Guardian Signature (if applicable)	Date
Transition Coordinator Signature		Date