



TRANSITION ASSISTANCE REQUEST-NDSH/COMMUNITY TREATMENT SETTING
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ADULT AND AGING SERVICES-MFP
SFN 1134 (12-2024)

Case Manager			Date
Consumer's Name (Last, First)		Requesting Agency	
Admission Date to NDSH		Planned Discharge Date from NDSH	
Discharge Residence			
Address		City	State ZIP Code
Type of Income		Medicaid ID Number	
Services Planned Post Discharge			
Mental Health Diagnosis			
Have these funds been used in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes-when? How much?			

Categories	Description	Amount Requested	Amount Approved
Home Furnishings			
Household Supplies			
Deposits			
Rent			
Home Modifications			
Vehicle Modifications			
Assistive Technology			
Other			
TOTALS			

To be Completed by HHS Only - Approval to Access Transition Funds as listed above

Authorizing Signature	Date
Authorizing Signature	Date

Human Service Center Approval to Purchase

HSC Program Authorizing Signature	Date
HSC Fiscal Manager Authorizing Signature	Date

Send completed form to: dhsmoneyfollows@nd.gov