

Referral for Relocation Services

Applicant Name	Applicant Area Code and Telephone No.	Date and Time Contacted
Nursing Facility Name	Facility Address	Facility Area Code and Telephone No.
Name of Responsible Party	Area Code and Telephone No.	If Guardian, Specify Type <input type="checkbox"/> Legal <input type="checkbox"/> Financial Only <input type="checkbox"/> Medical Only
Relocation Contractor	Contractor Address	Contractor Area Code and Telephone No.

Relocation Needs

- The applicant has a residence in the community.
- The applicant does not have a residence and will need assistance finding a place to live in the community.

Residence Address

Will the applicant live in a STAR+PLUS service area? Yes No

If yes, enter the name of the managed care organization (MCO).

Will the applicant be participating in the Money Follows the Person Demonstration (MFPD) Yes No

Will the applicant need Transition Assistance Services (TAS)? Yes No

Enter the name of the TAS provider, if one has been selected.

The applicant has previously used TAS. TAS is limited to a one-time basis.

Money Follows the Person Demonstration initiative.

The applicant is eligible to participate in the Money Follows the Person Demonstration initiative.

Supports

Will family or informal supports be involved in the relocation process Yes No

Name	Area Code and Telephone No.	Relationship

Other Relevant Information and Relocation Needs:

DADS Case Manager/MCO Service Coordinator/SPSU Coordinator	Area Code and Telephone No.	Date of Referral
Mailing Address		