



# North Carolina's MFP Follow-up Form

Provider:

- 1) This form will provide follow up to MFP staff on a client **the scheduled day** of transition to the community.
- 2) When submitting this form, attach the MFP Referral Form

Participants Name:	
Participants SS # (last four digits only):	XXX-XX-

1. Did individual transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date: If no, why?
2. Which waiver did client access?	<input type="checkbox"/> CAP/DA <input type="checkbox"/> CAP/DA-Choice <input type="checkbox"/> CAP/MR-DD Comprehensive	
3. Quality of Life survey completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Y, Date: If N, why?
4. Date DSS case manager entered CAP code in EIS:		
5. Date MFP staff entered MFP code in EIS:		

Address of participant's community residence			
Street:			
City:	State:	Zip:	
Phone #:	Alternate Phone #:		

Responsible Party (i.e., Guardian) - If applicable			
Skip if no change from MFP Referral Form			
Name:		SS # (last 4 digits):	XXX-XX-
Street Address:			
City:	State:	Zip:	
Phone #:	Alternate Phone #:		
Relationship to Client:			