

Money Follows the Person Transition Final Checklist

To be submitted after the transition occurs. All tasks must be completed in order for transition coordination payment to be authorized.



Name of Participant: _____

Participant's MID: _____

Transition Coordinator's Name: _____

TC Phone: _____ Fax: _____

Sponsoring Lead Agency (LME or CAP-DA Lead Agency) Name: _____

Sponsoring Lead Agency's CAP Provider Number: _____

DATE OF TRANSITION: _____

Task	✓	Notes
Initial Transition Planning Conversation Held		Date Here:
Final Transition Planning Conversation Held		Date Here:
Transition Plan submitted to MFP		Date Here:
Final briefing meeting with MFP held before transition occurred.		Phone meeting is sufficient Date Here:
Any Transition Year Stability Resources Advance Payment requests have been approved and received by sponsoring Lead Agency		Mark "NA" if not applicable.
Quality of Life Survey Conducted and submitted to MFP		Can be submitted with this checklist
First transition follow up meeting scheduled		Please list date here
DSS has added CAP indicator		

Address of Participant's Community Residence in North Carolina

Street:					
City:		County:		Zip:	
Phone #:		Alternate Phone #:			

Final Living Arrangement (Check one)

In own home	<input type="checkbox"/>	In relative's home or apartment	<input type="checkbox"/>
In apartment	<input type="checkbox"/>	AFL	<input type="checkbox"/>
Or In 4-bed or less group home (4 unrelated individuals)			<input type="checkbox"/>

Transition Coordinator's Signature

Date

Authorized Signature of Sponsoring Lead Agency Representative

Date

MFP Project Authorized Signature for Approval

Date