



North Carolina's MFP Referral Form

Today's Date: _____

1. Participant Information					
Name:			SS # (last 4 digits):	XXX-XX-	
DOB:		Medicaid #:		Medicare #:	
Is client financially eligible for CAP waiver services?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:					
City:			State:	NC	Zip:
Phone #:			Alternate Phone #:		

2. Contact and Agency Information					
Agency Contact:					
Email address:					
Street Address:					
City:	Raleigh		State:	NC	Zip:
Phone #:			Fax #:		

3. Responsible Party (i.e., Guardian)					
Name:					
Street Address:					
City:			State:	NC	Zip:
Phone #:			Alternate Phone #:		
Email address:					
Relationship to Client:					

Institution/Facility Information (where participant currently lives)					
Facility Name:					
Existing Funding Source: <input type="checkbox"/> ICF/MR <input type="checkbox"/> ICF <input type="checkbox"/> Skilled Nursing					
Street Address:					
Mailing address, if different:					
City:			State:	N	Zip:
Contact Person's Name:					
Phone #:			Fax #:		
Email address:					
How long has participant lived here? (mm/yr - mm/yr)					

5. Preferred Living Arrangements		
Type	Check one	Comments
With relatives/caregiver in apartment		
With relatives/caregiver in home		
Alone in apartment		
Alone in own home		
In 4-bed or less group home (4 unrelated individuals)		

After completing this form, the MFP Informed Consent form and the Video Release form, email (password protected) all forms to the LME/Lead Agency and MFP staff at DMA Raleigh office.. MFP Staff will notify the agency staff listed on the Referral form within 2 business days of the clients MFP eligibility.

Important facts to remember:

- There is no CAP wait list for clients who are MFP eligible
- You must submit the MFP Informed Consent Form with this Referral Form
- Individuals in the following counties are **not eligible** for MFP - they continue with services under the managed care program: Cabarrus, Davidson, Rowan, Stanley, and Union
- There will be an additional page to complete if the client is given, and accepts, a waiver slot

6. MFP staff use only		
Eligibility Criteria	Check One	Comments
Meets qualified institution/facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In institution/facility at least 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meets qualified residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicaid eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorized by:			
Title:		Date:	