

If you are interested in learning more about the Money Follows the Person: Pathways to Community Living program for yourself or for another individual, please fill out this form and someone from one of the participating state agencies will contact you. Eligibility for and participation in the program will be determined after an initial face-to-face meeting. This referral form is only a first step in that process.

Is this referral for you? *

Requires only section B if yes

Is this referral for someone else? *

Requires sections A and B if yes

If this referral is for someone else, should you be contacted for additional information prior to a first contact being made with the individual being referred

If the referral is for someone else, what is the referral type

Other – all other referrals

Section A (To be completed if you are referring someone else)

Your First Name

Your Last Name

Organization

Your Address

Your City

Your State

Your ZIP

Your Phone

Your E-mail

Does the individual know you are making this referral on their behalf?

If you are making a referral for someone else, by completing this form you agree to be contacted by a representative of one of the participating state agencies in the program.

Section B (This section must be completed for all referrals)

First Name

Middle Initial

Last Name

Sex

Birthdate

Address

City

State

ZIP

County

Phone

E-mail

Residence

(Name of nursing facility or ICF/DD):

Describes the individual being referred *

Which of the following applies to the individual being referred (please check all that apply)

Individual over age 60

Acquired Brain Injury

HIV/AIDS

Individual with physical disability

Individual with serious mental illness

Individual with intellectual or developmental disability

Applies to the individual being referred

Which of the following applies to the individual being referred (please check all that apply)

Currently receiving Medicaid or is eligible to receive Medicaid.

Interested in moving into a community setting.

Currently residing in nursing facility or ICF/DD

Length of Institutional Stay in Months

What is the length of time the individual being referred has resided in a nursing facility or ICF/DD

Comments