**Transitional Service Referral Form**

Individual Name:

Individual’s PMI:

Individual’s DOB:

Diagnostic Code (ICD 10):

Case Manager or Care Coordinator Name:

Contact Number:

Individual’s Address:

Individual Contact Number:

Social Worker:

Social Worker Contact Number:

Move Date:

New Address:

## Eligibility

You can only receive Transitional Service every three years. Has your individual received TS in the past three years?

* Yes: Does not qualify for Transitional Service (TS)
* No: Qualifies.

As per DHS rules, A person’s own home is a setting he or she owns or leases that is not operated, owned or leased by a provider of services or supports. Is this an independent apartment?

* Yes: Qualifies.
* No: Does not qualify for Transitional Service (TS).

## Services Required

Will Individual need security/damage deposit? □ Yes or □ No. If Yes. How much?

Who should the check be addressed to?

Will individual need Household Supplies? □ Yes or □ No. Will Individual need Furniture? □ Yes or □ No.

## Movers

Will the individual need movers? □ Yes or □ No.

If **Yes**, pick up address for apartment or Storage? If **No**, do not proceed. If picking up from an apartment:

How many rooms are in the OLD apartment? What floor is the OLD apartment located on? What floor is the New apartment located on? Case Worker Name:

Case Worker Signature: Date:

Comments/Needs:

Transitional Service Items Request

**Individual Name**: **Move Date**:

# *Furniture Request (Select Items Needed) (T2038 U1) Maximum $1000*

□ Dining Table and Chair (2 or 3 chairs, circle one)

□ Sofa/Couch (2 or 3 cushions, circle one)

□ Bedding Items Size (Twin, Full, Queen or King, circle one)

Any color preference:

|  |  |  |  |
| --- | --- | --- | --- |
| □ Bed Frame | □ Box Spring | □ Night Stand | □ Mattress |
| □ Dresser | □ Table Lamp | □ Floor Lamps | □ TV Stand |

***Household Items (Select Items Needed) (T2038 U2) maximum $300***

□ Dish Rack w/Tray

□ Strainer Basket □ Silverware

□ Small Cutting Board

□ Utensil Cooking set

□ Kitchen Hand Towels □ Potholders

□ Dishes Set

***Only available if funds allow:***

□ Comforter/Sheet Set (**Select one** Twin, Full,

□ Blanket (**Select one** Twin/Full/Queen)

Queen)

□ Pillow

□ Laundry Hamper

□ Wall Clock

□ Calendar □ Hanger (10 Pack)

□ Mop

□ Dish Soap

□ Sponge

* Cleaning Solution (Pine or Lime)
* Broom/Dust Pan

□ Laundry Detergent

□ Paper Towels

□ Kleenex

□ Toilet Brush

□ Shower Rings/Liner/Rod

□ Shower Rings/Liner/Rod

□ Toilet Paper

□ Bath Towel/Hand Towel/Wash Cloth

□ Bathroom Garbage cans

□ Kitchen Garbage Can □ Garbage Bags

□ Coffee Pot

□ Pot and Pans

□ Toaster

□ Mixing Bowl

□ Knife Set

□ Drinking Glasses (Plastic)

□ Microwave □Stick Vacuum

***Color Preference:***

Blanket: Bed-In-A-Bag/Comforter:

Bathroom Towels: Kitchen Towels: