



We Care For You!

393 Dunlap Street N. Saint Paul, MN 55104 Tel: 651-486-6824 Fax 651-401-9677

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).

Care Community Services. Is a state certified provider of Housing Access Coordination, Relocation Service Coordination (RSC) and Transitional Coordination in the metro counties and many others.

More Infor. [Carecommunityservices.com](http://carecommunityservices.com)



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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: _____

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Comments/Needs:

Transitional Service Items Request

Individual Name: _____

Move Date: _____

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

- | | | | |
|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bed Frame | <input type="checkbox"/> Box Spring | <input type="checkbox"/> Night Stand | <input type="checkbox"/> Mattress |
| <input type="checkbox"/> Dresser | <input type="checkbox"/> Table Lamp | <input type="checkbox"/> Floor Lamps | <input type="checkbox"/> TV Stand |
| <input type="checkbox"/> Dining Table and Chair (2 or 3 chairs, circle one) | <input type="checkbox"/> Sofa/Couch (2 or 3 cushions, circle one) | | |
| <input type="checkbox"/> Bedding Items Size (Twin, Full, Queen or King, circle one) | | | |

Any color preference: _____

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

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Dishes Set | <input type="checkbox"/> Kitchen Hand Towels | <input type="checkbox"/> Potholders | <input type="checkbox"/> Utensil Cooking set |
| <input type="checkbox"/> Small Cutting Board | <input type="checkbox"/> Strainer Basket | <input type="checkbox"/> Silverware | <input type="checkbox"/> Dish Rack w/Tray |

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<input type="checkbox"/> Drinking Glasses (Plastic)	<input type="checkbox"/> Knife Set	<input type="checkbox"/> Mixing Bowl	<input type="checkbox"/> Toaster
<input type="checkbox"/> Pot and Pans	<input type="checkbox"/> Coffee Pot	<input type="checkbox"/> Kitchen Garbage Can	<input type="checkbox"/> Garbage Bags
<input type="checkbox"/> Bathroom Garbage cans	<input type="checkbox"/> Bath Towel/Hand Towel/Wash Cloth		
<input type="checkbox"/> Shower Rings/Liner/Rod	<input type="checkbox"/> Shower Rings/Liner/Rod	<input type="checkbox"/> Toilet Brush	
<input type="checkbox"/> Toilet Paper	<input type="checkbox"/> Kleenex	<input type="checkbox"/> Paper Towels	<input type="checkbox"/> Laundry Detergent
<input type="checkbox"/> Cleaning Solution (Pine or Lime)	<input type="checkbox"/> Sponge	<input type="checkbox"/> Dish Soap	<input type="checkbox"/> Mop
<input type="checkbox"/> Broom/Dust Pan			
<input type="checkbox"/> Calendar	<input type="checkbox"/> Hanger (10 Pack)	<input type="checkbox"/> Wall Clock	<input type="checkbox"/> Laundry Hamper
<input type="checkbox"/> Pillow	<input type="checkbox"/> Blanket (Select one Twin/Full/Queen)		
<input type="checkbox"/> Comforter/Sheet Set (Select one Twin, Full, Queen)			

Only available if funds allow:

- Microwave Stick Vacuum

Color Preference:

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

Bathroom Towels: _____ Kitchen Towels: _____

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