**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***

□ Bed Frame □ Box Spring □ Night Stand □ Mattress

□ Dresser □ Table Lamp □ Floor Lamps □ TV Stand

□ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Dishes Set □ Kitchen Hand Towels □ Potholders □ Utensil Cooking set □ Small Cutting Board □ Strainer Basket □ Silverware

□ Dish Rack w/Tray □ Drinking Glasses (Plastic) □ Knife Set

□ Mixing Bowl □ Toaster □ Pot and Pans □ Coffee Pot □ Garbage Bags □ Kitchen Garbage Can □ Bathroom Garbage cans

□ Bath Towel/Hand Towel/Wash Cloth □ Kleenex □ Paper Towels

□ Shower Rings/Liner/Rod □ Toilet Brush □ Toilet Paper □ Laundry Detergent □ Mop □ Dish Soap

□ Cleaning Solution (Pine or Lime) □ Sponge □ Hanger (10 Pack) □ Wall Clock □ Calendar

□ Broom/Dust Pan □ Laundry Hamper □ Pillow □ Blanket (**Select one** Twin/Full/Queen)

□ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_