North Carolina Money Follows the Person Project
Final Checklist

To be submitted after the transition occurs. All tasks and information must be completed for transition coordination payment to be authorized.

MFP Participant Name:	MFP Participant Medicaid Number:
Transition Coordination Lead Agency's Name:	
Agency Phone:	Agency Fax:
Transition Coordinator Name:	
Transition Date:	TAX ID/ EIN # (required):

Transition Coordination and Follow-Along

Date of Initial Transition Planning Team Meeting:	Date of Final Transition Planning Meeting:	Date Final Transition Plan Submitted to MFP:
Date Final Pre-Transition Briefing with MFP Held Before Transition Occurred:		Date of First Scheduled Transition Follow-up Meeting with Participant:
Did Medicaid County Change? ☐ Yes ☐ No		If Yes, What County?
Post Transition Waiver Lead Agency Name:		
Post Transition Waiver/Service Agency Contact Person:		
Agency Phone Number:		

Address of MFP Participant's Community Residence in North Carolina

Street:		
City:	County:	Zip:
Phone:	Alternate Phone:	

Final Living Arrangement (Check One)

☐ Home Owned by Beneficiary	☐ Camper/Trailer Owned by Beneficiary
☐ Home Owned by Family Member	☐ Camper/Trailer Owned by Family Member
☐ Home Owned by Friend/Significant Other	☐ Camper/Trailer Owned by Friend/Significant Other
☐ Apartment Leased by Beneficiary	☐ Other community-based setting
☐ Apartment Leased by Family Member	List/Explain:
☐ Apartment Leased by Friend/Significant Other	

Does the Beneficiary Live with Family? ☐ Yes ☐ No

Housing Found with Transition Coordinator Assistance? ☐ Yes ☐ No

Housing Source

Select the housing source:

☐ Targeted Housing	☐ Other Housing Subsidies (ex. Tax Credit, etc.)
☐ Housing Choice Voucher (Section 8)	☐ Unsubsidized Housing
☐ Public Housing (Not Section 8)	☐ Not Applicable (housing not sought)

Waiver Program (Check One)

☐ CAP DA   ☐ CAP Choice   ☐ PACE

Transition Coordinator's Signature:	Date:
Supervisor Signature:	Date:
MFP Project Authorized Signature for Approval:	Date:

MFP Use Only

Date Submitted to Budget Office:	Amount:
Billing Code:	Memo Line: