

INTEREST FORM

Take Me Home, West Virginia is a federally funded grant program that helps eligible West Virginians move from long-term care facilities to their own homes in the community. To be eligible to participate in the Program, an individual must:

- Live in a nursing facility, hospital, institution for mental disease or a combination of any of the three for at least 90 consecutive days (excluding Medicare rehabilitation days) and
- Receive Medicaid long-term care benefits on the last day prior to transitioning from the facility to the community and
- Qualify for one of the Medicaid home and community-based service programs, such as the Aged & Disabled Waiver (ADW), the Traumatic Brain Injury (TBI) Waiver, the State Plan Personal Care Program or community-based behavioral health services, and
- Choose to move to a “qualified residence”. A “qualified residence” is:
 - A person's own home
 - A person's family home
 - A person's own apartment
 - A group home with 4 or fewer people

If you, or someone you know, would like more information about Take Me Home, please fill out this form and submit it to the Aging & Disability Resource Center (ADRC). A Resource Counselor from the ADRC will contact you to gather additional information, which will be used by the Take Me Home Office to determine whether or not you qualify for the Program. If you are determined eligible, you will have the opportunity to work one-on-one with a Transition Navigator to help you plan a safe and successful transition home. Even if you are not eligible to participate in Take Me Home, staff from the ADRC can discuss other options available to help you meet your goals.

Type of Referral (please check one): Self-Referral (Fill out this section only and submit)
 Referral on behalf of another (fill out entire form and submit)

Resident's Name:

Residents contact information:

Facility Name:

Facility contact information:

Legal Representative Name (if applicable):

Legal Representative contact information (if applicable):

If you are referring on behalf of another, please fill also fill out the following contact information:

Your Name: Relationship to resident:

Your contact information:

Have you discussed this referral with the resident (or legal representative if applicable)? Yes No

Please submit this form to the ADRC by:

Fax: 304-766-4137, Email: ADRN@wvstateu.edu or

Mailing Address: Metro Area Agency Aging - ADRN, 1400 Ohio Avenue - Suite B, Dunbar, WV 25064

Note: Information on the status of this referral and eligibility for the Take Me Home Program can be shared only with the resident, their legal representatives, appropriate facility staff, and others they designate.