

Participant Last Name	Participant First Name	Date of Birth	Medicaid Number	Gender:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

SECTION A. Type of Qualified Residence

- Home Owned by Participant
- Home Owned by Family Member
- Apartment Leased by Participant, NOT assisted living
- Apartment Leased by Participant, assisted living
- Group home of no more than 4 people
(If apartment, you must fill out Section B.)

If assisted living, please describe services provided:

- Will live alone.
- Will live with family.

Address	County
<input type="text"/>	<input type="text"/>

SECTION B. Apartments ONLY

Property Name	Property Manager	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Subsidy Source	Monthly Rent
<input type="text"/>	<input type="text"/>

1. Is occupancy governed by a lease held by the individual or the individual's family? YES NO N/A
2. If the property uses a contract or resident agreement, is it consistent with the provisions of a standard lease? YES NO N/A
3. Does occupancy in the unit require that services be provided as a condition of tenancy? YES NO N/A
4. Does occupancy in the unit require that services be provided by a certain company or provider as a condition of tenancy? YES NO N/A
5. Is notification of absences required? If yes, please indicate in the notes section below what the provisions are and how the process of notification is to work. YES NO N/A
6. Does the lease/contract reserve the right to assign apartments or change assignments? YES NO N/A
7. Does the unit have lockable access and egress? YES NO N/A
8. Does it include spaces for living, sleeping, bathing and cooking over which the individual, or the individual's family, has domain and control? YES NO N/A
9. In the case of assisted living, are there aging in place provisions? YES NO N/A

Notes:

Last Name

First Name

Medicaid Number

SECTION C. Accessibility Features

Does the dwelling currently meet the accessibility needs of the individual?

YES

NO

If yes, please describe the features of the dwelling which will accommodate the needs of the individual.

If no, please describe what modifications and accommodations could be made to the dwelling. (If none can be made, please explain.)

SECTION D. Health and Safety

Does the dwelling pose any health and/or safety risk to the individual?

YES

NO

If yes, can those concerns be addressed through modifications or services (for example: pest control)? If so, how?

SECTION E. Final Remarks and Signatures

Is a follow-up necessary?

YES

NO

Additional Comments

Transition Navigator Name

Transition Navigator Signature

Agency

Date of On-Site

Date of Follow-up