

Take Me Home Transition Program

INTAKE INFORMATION

Date of Intake _____ Name of Transition Coordinator conducting Intake _____

The individuals participating in this Intake Interview include (Name, Relationship/Role, Phone) and potential team members.

SECTION A. INDIVIDUAL INFORMATION

Last Name		First Name		Middle Name	Social Security No.	Medicaid No.		
Date of Birth	Room	Phone	Cell	Email				
Gender Identity		Marital Status:						
Male	Female	Other	Single	Married	Divorced	Separated	Widowed	Other

Do you have a legal representative? Yes No If Yes, please provide the following:

Name	Relationship
Phone	Email

Type of representative (documentation of legal representation must be provided)

What Is Your Monthly Income

All jobs (including self-employment) before taxes and deductions:

Worker's Compensation	Social Security	Retirement Survivors of Disability Income (RSDA)
Unemployment Benefits	Child Support	Supplemental Social Security Income (SSI)
Dividends & Interest	Other	Alimony, Pensions or Retirement

Do you have any money set aside in any of the following accounts: Savings, Checking, WVABLE, Trust Fund (explain in notes), Other

Why are you in the facility?

Have you been a Take Me Home participant before? Yes No If yes, did you transition home? Yes No

If not, please explain why you did not transition and what has now changed:

Section A Notes:

SECTION B. WAIVER ELIGIBILITY

Waiver Status (check if applicable):

Waiver	Will Likely Apply, Not Applied Yet	MNER Submitted	Eligible, on MEL	Eligible, Currently Enrolled
ADW				
TBIW				

Last Name

First Name

Medicaid No.

SECTION C. HOUSING

What were your previous living arrangements?

Lived in own home

Lived in family/or friend's home

Lived in rented apartment or house

Homeless

Who did you live with before you came to the facility?

I lived alone

I lived with family

I lived with a friend/friends

I lived with a caregiver

I had a roommate

Did you have any issues in your previous home?

It was not accessible

It needed repairs

Disputes with people living in the home

Disputes with neighbors

Issues of crime in the community

Issues with exploitation

Problems paying my rent

Problems with home maintenance

Problems keeping up with the utility payments

It was too far from anyone/anything

Other

What type of living arrangement do you desire now?

Return to previous residence

Buy a home

Rent apartment

Rent house

Live with family and/or friends in their home

Live with caregiver or roommate in their home

Have you already secured a residence in the community? (If yes, list address)

Yes, Home

Yes, Apartment

No, I will need to find a place to live

Does your home/apartment require any preparations before you can move in? If so, please describe:

If you don't already have a home or apartment to move to, what steps have you taken to find one, such as submitting applications for apartments?

Will you need assistance with any of the following?

Locating of appropriate housing

Filling out additional housing applications

Finding a roommate and/or live in caregiver

Paying for initial housing costs (security and/or utility deposits, etc.)

Accessibility adaptations to existing housing

None

Other:

Tell me about your rental history. All of these things may impact the type and location of housing you can access in the community. Please explain:

Did you always pay rent on time?

Did you have any late or unpaid rent?

Unpaid or late utility payments?

Were you ever evicted?

Were you ever denied housing?

Do you have issues with bad credit?

Do you have a criminal history?

Do you have all of the identification documents you will need to apply for housing (birth certificate, social security card, Driver's License or State ID, any marriage licenses or divorce decrees, etc.)?

Can you (or family members) pay for application and other housing search related fees?

Is anyone currently helping you find housing?

Yes

No

If yes, please describe who they are and how they are helping. If no, indicate who might be able to assist you in your housing search.

Last Name

First Name

Medicaid No.

SECTION E. FACILITY INFORMATION

Facility Name

Date of Admission

Physical Address

City

Mailing Address (if different)

County

Zip Code

Phone

Fax

Facility Administrator Name

Phone

E-mail Address

Facility Social Worker (if different from Facility Contact)

Phone

E-mail Address

Type of Qualified Institution:

Nursing Facility

Hospital

IMD

Other

SECTION F. QUALIFICATION CHECKLIST (THIS SECTION IS TO BE COMPLETED BY THE TRANSITION MANAGER)

Does the individual reside in a Qualified institution? (if not, the applicant does not qualify for TMH.)	Yes	No
Has the applicant resided in a qualifying institution for at least 90 consecutive days? (If "no", please indicate in the Comment section, the date this criterion will be met and advise the resident that transition can not occur until after this date.)	Yes	No
Has the applicant applied and been assessed and determined eligible for the ADW or TBIW? (If "no", please advise the applicant they will need to be eligible for waiver services before they can access transition services.)	Yes	No
Does the individual wish to transition to a qualifying residence? (If not, please advise the applicant that they do not qualify for TMH.)	Yes	No
Does the applicant have the monthly income necessary to support their desired community living arrangement? (If not, please advise the applicant they will need to apply for income to support their desired community living arrangement before they can access transition services.)	Yes	No

Additional Comments

SECTION G. AUTHORIZING SIGNATURES

Transition Coordinator Name

Transition Coordinator Signature

Date of Signature

TMH Transition Manager

TMH Transition Manager Signature

Date of Signature

Effective 12-2019