

## Transition Assessment and Planning Readiness Verification Form

| INDIVIDUAL INFORMATION   |                                 |                             |                      |                             |
|--|---------------------------------|-----------------------------|----------------------|-----------------------------|
| Last Name  | First Name                      | Middle Name                 | Date of Birth        | Medicaid No.                |
|  |                                 |                             |                      |                             |
| HCBS ELIGIBILITY   |                                 |                             |                      |                             |
| Aged and Disabled Waiver                                       | Tra                             | umatic Brain Injury Waiver  |                      |                             |
| Eligibility Determination Date (if kn                          | nown):                          |                             |                      |                             |
| HOUSING  |                                 |                             |                      |                             |
| The participant has housing (a h                               | nome or apartment) to which     | they plan to return:        | Yes No               |                             |
| Address  |                                 |                             |                      |                             |
|  |                                 |                             |                      |                             |
|  |                                 |                             |                      |                             |
| The participant does not have h                                | nousing to return to, but has a | pplied to at least one rent | tal property: Yes    | No                          |
| 1. Property Name:  |                                 |                             |                      |                             |
| 1. Waiting List status:  |                                 |                             |                      |                             |
| 1. TC Verification of Applicatio                               | n - With Whom / Title:          |                             |                      |                             |
|  | Date verified:                  |                             | Form of Verification | ı:                          |
| 2. Property Name:  |                                 |                             |                      |                             |
| 2. Waiting List status:  |                                 |                             |                      |                             |
| 2. TC Verification of Applicatio                               | n - With Whom / Title:          |                             |                      |                             |
|  | Date verified:                  |                             | Form of Verification | า:                          |
| 3. Property Name:  |                                 |                             |                      |                             |
| 3. Waiting List status:  |                                 |                             |                      |                             |
| 3. TC Verification of Applicatio                               | n - With Whom / Title:          |                             |                      |                             |
|  | Date verified:                  |                             | Form of Verification | n:                          |
|  |                                 |                             |                      |                             |
|  |                                 |                             |                      |                             |
|  |                                 |                             |                      |                             |
|  |                                 |                             |                      |                             |
|  |                                 |                             |                      |                             |
| Note: The Transition Coording<br>the Transition Manager that t |                                 |                             | Planning process ur  | itil notified in writing by |
|  |                                 |                             |                      |                             |
| Transition Coordinator Name                                    | Transition C                    | inator Cianatura            | Data                 |                             |
| Transition Coordinator Name                                    | Transition Coordi               | mator Signature             | Date                 |                             |

## **AUTHORIZING SIGNATURES**

Transition Manager or Designee Signature of Transition Manager or Designee Date

By signing, the Transition Manager or Designee authorizes the Transition Coordinator to begin transition assessment and planning for the above-named participant.