LIVING CHOICE
YOUR HOME. YOUR COMMUNITY. YOUR CHOICE.

MFP
MONEY FOLLOWS THE PERSON

TRANSITION FUNDS REQUEST FORM

Participant Name				**SoonerCare ID**	
	Last	*First*	*M.I.*		
Address					
	Street	*City*		*State*	*Zip*

A. PURPOSE OF TRANSITION FUNDS

You are eligible for transition funds to assist your participant in securing housing and household items in the community of their choice. Please note the max benefit for transition funds through the Living Choice Demonstration is up to $2400. **Note: Transitional Funds will not be authorized or reimbursed for rent or mortgage.**

B. REQUEST FOR COMMUNITY TRANSITION FUNDS (T2038)

Housing Costs			Transition Provider Costs		
Item	Estimated	Actual	Item	Estimated	Actual
☐ Security Deposit			☐ Household Items		
☐ Utility Deposit (electric)			☐ Required Documents		
☐ Utility Deposit (water)			☐ Home Set-Up Costs		
☐ Utility Deposit (gas)			☐ One-time Housing Costs		
☐ Utility Deposit (phone)			☐ Transportation Costs		
☐ _____			☐ _____		
			TOTAL ACTUAL COSTS: $ 0.00		

C. ACTUAL COSTS – FINAL CERTIFICATION AND SIGNATURE

Participant - I certify that I have reviewed and agree with the transition items documented on this form.

Signature of Participant or Legal Agent *Date*
(Note: If Participant signs with a mark, two witnesses are required)

Witness Signature *Date* *Witness Signature* *Date*

Transition Coordinator
I certify that I have consulted with the participant to determine move-in item needs and all related costs to the best of my ability.

Transition Coordinator Signature *Date*

Transition Coordinator Supervisor
I certify that I have approved the transition items and actual costs outlined on this form for the transition of the above named participant.

Transition Coordinator Supervisor Signature *Date*

ESSENTIAL HOUSEHOLD ITEMS

Participant and Transition Coordinator should complete this section together to determine move-in needs. Costs for necessary items should be estimated as accurately as possible. Once completed, this form is submitted for prior authorization. The "actual costs" column should be filled in as items are purchased, and the Participant and Transition Coordinator should both initial the document as each item is received.

Category/ Initials	Needed Items	Actual Cost
Bedroom		
/	Bed (mattress, box spring, frame)	
/	Bedding (mattress pad, sheets, blanket, bedspread, pillow)	
/	Dresser, nightstand, mirror	
/	Alarm Clock	
Bathroom		
/	Bath linens (towels, hand towels, wash cloths, bathmat)	
/	Shower curtain (curtain, liner, rods, rings)	
/	Accessories (soap dish, toothbrush holder, wastebasket)	
Kitchen		
/	Pots and pans, cooking utensils, cutlery	
/	Bake-ware, mixing bowls, measuring cups/spoons	
/	Dishes (plates, cups, bowls, glasses, flatware)	
/	Accessories (pitcher, dish drainer, storage container, can opener)	
/	Garbage can	
/	Microwave	
/	Small appliances (coffee pot, toaster, crock-pot)	
/	Linens (dish towels, dish cloths/scrubbers, hot pads)	
Living and Dining Rooms		
/	Sofa or Futon	
/	Dining table and chairs	
/	Armchair	
/	Lamp(s)	
/	End table(s)	
/	Bookcase	
Miscellaneous Household Items		
/	Fan	
/	Vacuum	
/	Cleaning supplies (mop, broom, bucket, sponges/cloths)	
/	Telephone	
/	Blinds/curtains	
/	Laundry supplies (basket, hangers)	
/	Repair items (small sewing kit, small tool set)	
/	Calculator	
/	Medication planner	
Grocery and Supplies		
/	Groceries and supplies (See Recommended Grocery List)	
Other		
	Total Costs	$ 0.00