



INDIVIDUALIZED TRANSITION PLAN (ITP)



Participant Name: _____

1. MFP PARTICIPANT INFORMATION

Participant First Name: _____ MI: __ Last Name: _____

Medicaid # _____ Medicare # _____

Date of Birth: _____

Facility Name: _____

Facility Location: _____

Individualized Transition Plan (ITP) date: _____

This ITP is an Initial ITP –OR- Updated ITP (check only one).

Projected move to housing type:

- 01 - Home owned by participant
- 02 - Home owned by family member
- 03 – Apartment leased by participant, not assisted living
- 04 - Apartment leased by participant, assisted living
- 05 – Group home of no more than 4 people/ PCH

Prepared by: _____

(TC Name and Contact information)

2. IMPORTANT PLANNING DATES

Projected Discharge/Move out Date: _____

Actual Discharge/ Move out Date: _____

(Continue narrative on back or add additional pages as needed)

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3. HOUSING CHOICE/LIVING ARRANGEMENTS:

Indicate housing choice priority (1, 2, 3 etc) and describe tasks that must to be done to secure choice:

_____ OWN HOME-_____

_____ WITH FAMILY/FRIENDS-_____

_____ RENTAL UNIT-_____

_____ QUALIFIED GROUP HOME- _____

(Continue narrative on back or add additional pages as needed)

4. HOUSING – IDENTIFY PROBLEMS/ISSUES AND STRATEGIES FOR ADDRESSING/RESOLVING PROBLEMS/ISSUES (describe in detail):

(Continue narrative on back or add additional pages as needed)

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5. PERSONAL GOALS/ DESIRED OUTCOMES (describe in detail based on Person-Centered Planning process):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

6. HEALTH AND NUTRITION GOALS (describe in detail based on Person-Centered Planning process or indicate N/A *IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:*

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7. 24/7 EMERGENCY BACKUP PLANS (describe in detail based on Person-Centered Planning process):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

8. VISION/HEARING/DENTAL/MOBILITY GOALS (describe or indicate N/A):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

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9. COMMUNICATION GOALS (describe or indicate N/A):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

10. SOCIAL/RECREATIONAL GOALS (describe or indicate N/A):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

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11. SELF-CARE (DOMESTIC/ PERSONAL) GOALS (describe or indicate N/A):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

12. ASSISTIVE TECHNOLOGY (AT) AND/OR DURABLE MEDICAL EQUIPMENT (DME) USE AND NEEDS (describe or indicate N/A):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) FOR OBTAINING NEEDED AT AND DME:

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13. COMMUNITY ACCESS GOALS – IDENTIFY AND DESCRIBE GOALS, INCLUDING PROBLEMS/ISSUES AND BARRIERS & TO OBTAINING COMMUNITY SERVICES:

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE COMMUNITY ACCESS GOALS:

14. EMPLOYMENT GOALS – IDENTIFY AND DESCRIBE PRE-VOCATIONAL (training, volunteer), SUPPORTED EMPLOYMENT, CUSTOMIZED AND/OR COMPETITIVE EMPLOYMENT GOALS:

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

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15. **TRANSPORTATION– IDENTIFY COMMUNITY TRANSPORTATION GOALS (describe or indicate N/A)**

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

16. **FINANCIAL GOALS: (describe and complete Question #22 Income & Resources-Budget for Community Living)**

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO ACHIEVE GOALS:

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17. LEGAL ISSUES (describe or indicate N/A):

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO RESOLVE LEGAL ISSUES:

18. FRIENDS/FAMILY/GUARDIAN INVOLVEMENT ISSUES (describe or indicate N/A)

IDENTIFY RESOURCES NEEDED AND AVAILABLE (PERSONAL/FAMILY, MFP/WAIVER, COMMUNITY SERVICES) TO RESOLVE ISSUES:

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19. PART A: MFP PRE AND POST-TRANSITION SERVICES

Use the table below to list the MFP Pre-and Post-Transition Services selected by the participant /team along with the justification for each. The MFP participant initials each choice.

MFP PRE-TRANSITION SERVICE	RATIONALE (provide justification for why this MFP service is needed to support successful living in the community)	MFP PARTICIPANT INITIAL

MFP POST-TRANSITION SERVICE	RATIONALE (provide justification for why this MFP service is needed to support successful living in the community)	MFP PARTICIPANT INITIAL

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21. FOLLOW UP PLANS:

22. INCOME AND RESOURCES-Budget for Community Living:

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