# North Carolina Money Follows the Person Project
# Final Checklist

To be submitted after the transition occurs. All tasks and information must be completed for transition coordination payment to be authorized.

| | |
|---|---|
| MFP Participant Name: | MFP Participant Medicaid Number: |
| Transition Coordination Lead Agency's Name: | |
| Agency Phone: | Agency Fax: |
| Transition Coordinator Name: | |
| Transition Date: | TAX ID/ EIN # (required): |

**Transition Coordination and Follow-Along**

| | | |
|---|---|---|
| Date of Initial Transition Planning Team Meeting: | Date of Final Transition Planning Meeting: | Date Final Transition Plan Submitted to MFP: |
| Date Final Pre-Transition Briefing with MFP Held Before Transition Occurred: | Date of First Scheduled Transition Follow-up Meeting with Participant: | |
| Did Medicaid County Change? ☐ Yes ☐ No | If Yes, What County? | |
| Post Transition Waiver Lead Agency Name: | | |
| Post Transition Waiver/Service Agency Contact Person: | | |
| Agency Phone Number: | | |

**Address of MFP Participant's Community Residence in North Carolina**

| | | |
|---|---|---|
| Street: | | |
| City: | County: | Zip: |
| Phone: | Alternate Phone: | |

**Final Living Arrangement (Check One)**

| | |
|---|---|
| ☐ Home Owned by Beneficiary | ☐ Camper/Trailer Owned by Beneficiary |
| ☐ Home Owned by Family Member | ☐ Camper/Trailer Owned by Family Member |
| ☐ Home Owned by Friend/Significant Other | ☐ Camper/Trailer Owned by Friend/Significant Other |
| ☐ Apartment Leased by Beneficiary | ☐ Other community-based setting |
| ☐ Apartment Leased by Family Member | List/Explain: |
| ☐ Apartment Leased by Friend/Significant Other | |

Does the Beneficiary Live with Family? ☐ Yes ☐ No

**Housing Source**

If participant sought housing, select the housing source:

☐ Targeted Housing ☐ Section 8 ☐ Public Housing - Not Section 8 ☐ Found Independently

**Waiver Program (Check One)**

☐ CAP DA ☐ CAP Choice ☐ PACE

| | |
|---|---|
| Transition Coordinator's Signature: | Date: |
| Supervisor Signature: | Date: |
| MFP Project Authorized Signature for Approval: | Date: |

**MFP Use Only**

| | |
|---|---|
| Date Submitted to Budget Office: | Amount: |
| Billing Code: | Memo Line: |