Community Transition Report

Client Name: __________________________________________________________

Medicaid #: ___________________________________ Non-Medicaid: _______________________

Transition Coordination Agency: ____________________ Transition Coordinator Name: ______________________

Nursing Facility: _________________________________________________________

Transition Assessment Date: __________ Facility Discharge Date: __________ Final Home Visit: __________

Type of Transition: ____Community Transition Services (CTS) ____Colorado Choice Transitions (CCT) ____Other

Transition Team Members

- [ ] Family/Significant Other
- [ ] Guardian
- [ ] Housing Coordinator
- [ ] Nursing Facility
- [ ] Mental Health Provider
- [ ] Nurse
- [ ] Community Centered Board
- [ ] Area Agency on Aging
- [ ] Physician
- [ ] Ombudsman
- [ ] Other ILC Staff

Transition Location

- [ ] Independent Apartment
- [ ] Alternative Care Facility
- [ ] Family
- [ ] Assisted Living Facility
- [ ] Residential Group Home
- [ ] CCT Qualified Residence

Community Transition Funds accessed for:

- [ ] Security Deposit
- [ ] Set-up Fee
- [ ] Household Items
- [ ] Furnishings
- [ ] Moving Expenses
- [ ] Food
- [ ] Health & Safety Assurances
- [ ] Home Modification

Community Supports in Place

- [ ] Single Entry Point
- [ ] Home Health Care
- [ ] Home Modification
- [ ] Mental Health Provider
- [ ] Family
- [ ] Spiritual Community
- [ ] Community Centered Board
- [ ] Personal Care
- [ ] Adult Day Services
- [ ] Homemaker
- [ ] Respite
- [ ] Electronic Monitoring

Site Visit Status

<table>
<thead>
<tr>
<th>Visit</th>
<th>Client Status</th>
<th>Concerns/Complaints/Issues</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to discharge</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Day of move</td>
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<tr>
<td>1 week post discharge</td>
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<tr>
<td>1 month post discharge</td>
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</tbody>
</table>

SEP Case Manager Name: ________________________________ Telephone: ________________

E-Mail Address: ________________________________________________

Revised: April 9, 2014 version 2