

MONEY FOLLOW THE PERSON
TRANSITION HOUSING

Client: _____

Transition Date: _____

Please indicate the type of housing environment to which the client moved on the transition date.

Housing Type:

- Home owned or leased by individual or family
- Apartment (individual lease, lockable access, etc.)
- Group home or other residence in which 4 or fewer unrelated individuals live
- Apartment in qualified assisted living environment

Please indicate the type of housing supplement used, if any, at the time of transition. **(May need to solicit information from apartment/housing manager.)**

Housing supplement:

- 202 funds
- CBDG funds
- Funds for assistive technology as it relates to housing
- Funds for home modifications
- HOME dollars
- Housing choice voucher (such as tenant based, project based, mainstream or homeownership vouchers)
- Housing trust fund
- Low income housing tax credit
- Section 811
- USDA rural housing funds
- Veterans Affairs housing funds
- Other – Please specify _____
- None