MFP/ITM Checklist

PLEASE CHECK THE FOLLOWING BOXES. Have you included ALL of these items listed below before submitting to MFP?

☐ 24 Hour Contact
☐ Important Notice form for (DD Only)
☐ Supportive Documentation [Required for AR Choices (AAPD or EC) and ALF applicants only]
  ☐ Third Party Liability Form (DHS 662) ☐ Disposal of Assets Disclosure (DCO 727)
  ☐ MRT Social Report (AR Choices-AAPD only)  (Please also provide copies of photo ID, Medicare Card, Social Security Card, Trust Acct. Information, Statements for Checking and/or saving accounts, or insurance policy info, etc. if available)
☐ Power of Attorney/Guardianship Documents (if applicable)
☐ Authorization of Health Disclosure (DHS 4000)
☐ MFP Assessment and Personal History (DHS 8506)
☐ Professional Recommendation (DHS 8520)
☐ Provider Freedom of Choice (DHS 8509)
☐ Demonstration Service Freedom of Choice (DHS 8510)
☐ Statement of Rights & Responsibilities (DHS 8508)
☐ Checklist of Client Rights (DHS 8507)
☐ Informed Consent (DHS 8505)**
☐ Consent to Discuss Information
☐ MedMaide Checklist [Required for AR Choices (AAPD or EC) and ALF applicants only]
☐ Copy of Prescriptions [Required for AR Choices (AAPD or EC) and ALF applicants only]
☐ Housing Information (MFP 8523)
☐ Transition-Risk Plan (DHS 8511)**
☐ Demonstrations Service Plan of Care (DHS 8521)**
☐ Start Services Form (DHS 8504)
☐ Tier Level Request
☐ Transition Services and Goods Form
☐ 702 From Facility and 702 From ALF if apply (Please send to MFP on Transition Day)

**Please note these documents must be received before the waiver application referral process can begin.