

MFP/ITM Checklist

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

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- 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 wavier application referral process can begin.