

TRANSITION SERVICES/GOODS AND SERVICES – DESCRIPTION AND ESTIMATE

Client Name: _____

Medicaid #: _____

Category	Description	Grant Exclusions	Cost Estimate
Deposits: including housing and utilities (Non-Taxable Items)	Housing: Utilities Deposits: (Please list name of, No Cable or Internet Deposits)	Payment for Rent/Mortgage Payment for regular utility charges	Housing Deposit: Utilities Deposit :
Essential Furnishings For Living Room (Taxable Items)			
Essential Furnishings for Dining Room/Kitchen (Taxable Items)			
Essential Furnishings For Bedroom (Taxable Items)			
Essential Furnishings for Bathroom (Taxable Items)			
Appliances (Taxable Items)		Appliances must be necessary for health, or otherwise	

		approved under POC.	
Category	Description	Grant Exclusions	Cost Estimate
Delivery/Moving Fees Expenses (Non-Taxable Items)			
Kitchen/Pantry set up: (Taxable Items)		Initial food set up is purchased <u>only</u> If client funds are not re-established prior to d/c.	
Health and Safety Issues (Taxable Items)			
Environmental Modifications/ Client safety (Taxable Items)			
Educational/ Therapeutic Recreation (Taxable Items)		Purely recreational items without therapeutic value are not approved.	
Quality of Life/Other: (Taxable Items)			

Category	Description	Grant Exclusions	Cost Estimate
Clothes: Summer/Spring (Taxable Items)	Participant is allowed to purchase clothing when moving to a Qualified Residence; items that are allowed are shoes, coats, socks, underwear, pants, shirts, sleepwear, shorts, etc. The participant is allowed to purchase additional clothing 6 months later, when the weather changes. Maximum allowable - \$300.00		
Clothes: Winter/Fall (Taxable Items)	Participant is allowed to purchase clothing when moving to a Qualified Residence; items that are allowed are shoes, coats, socks, underwear, pants, shirts, sleepwear, shorts, etc. The participant is allowed to purchase additional clothing 6 months later, when the weather changes. Maximum allowable - \$300.00		
Communications (Taxable Items)			
Community Inclusion (Taxable Items)		Experimental or unacceptable treatments	
Intense Transition Management (Non-Taxable Items) ITM Assistant (Non-Taxable Items)	<u>Please convert units into hours</u> <u>Please convert units into hours</u>	Provide breakdown of units requested including pre-transition, transition, and 365 day follow up	
Attendant Care Services for Agency Direct (Non-Taxable Items)		To be requested only when coverage is necessary in the event there is an issue with the beginning of approved waiver services	

Other: explain (Taxable or Non-Taxable Items)		Payment for purely recreational items or luxury type items	List Taxable Items List Non-Taxable Items
Sub-total (Taxable Items)			
Taxes @10%			
Total (Non-Taxable Items)			
Grand Total			

Please list each item separate including cost. If one item is over \$300 please provide 3 BIDS for item.

For MFP use only:

Program Administrator Signature & Date: _____



Approved

Denied