MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES

MONEY FOLLOWS THE PERSON APPROVAL NOTICE

PARTICIPANT INFORMATION		
NAME (PLEASE PRINT OR TYPE):	DCN:	DATE:

MHD Reinvestigation Date:

Reported Income:

Housing Preferences:

Substance Abuse History:

Criminal History:

Challenges to Transition:

Financial Issues:

Community Supports Needed:

Health Conditions/ Issues:

HCBS Needs:

Facility/ Staff Reports:

Miscellaneous Information:

REGIONAL COORDINATOR	TELEPHONE NUMBER	E-MAIL ADDRESS

Note: Transition plan must be complete and approved by the Regional Coordinator before transition from the facility can occur. Appropriate backup strategies are considered a priority for approving the Transition Plan.

Attachment: MFP Participation Agreement