

Residential Service

Room and Board expenses: \$ _____

Has a lease/rental agreement been signed with the new provider? YES NO

What is the new residential address and phone? _____

Who will the new medication provider/Pharmacy be? _____

Who will be the lead Medical Provider? _____

Who will be responsible for setting up transfer to the new Pharmacy? _____

Will the individual need to purchase items for the new home? YES NO

Will funding be needed to assist with the cost of purchasing new items? YES NO

If yes, who will assist with applying for funding and shopping for the new items? _____

How will Medications, Insurance Cards, ID, Vision Card and/or cash be transferred to the new Residential Provider? _____

Who will handle the packing, moving and cleaning? _____

Are there outstanding fees due to the current Residential Provider? YES NO

If yes, for what expenses and total amount due: _____

How will these fees be paid in full to the current provider? _____

Include any special instructions related to health and/or safety concerns of the possibility of the move creating a new risk for the individual:

Current Provider Signature Title Date

New Provider Signature Title Date

Care Coordinator Signature Date

Targeted Case Manager Signature Date

Guardian Signature Date

Individual Signature Date