



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

**DAY OF MOVE
NOTIFICATION OF COMMUNITY TRANSITION**

Person's Name

Move Date (Today's Date)

- For change in residential only
- For change in provider
- For change in residential and provider

ISC Agency:
Previous Provider:
New Provider:

To be submitted electronically

ON THE DAY A PERSON TRANSITIONS, SEND THIS FORM TO THE COMMUNITY TRANSITION COORDINATOR AT THE DIDD TENNESSEE REGIONAL OFFICE

PLEASE SEND A COPY TO THE ISC AGENCY.

Provider agency representative(s):

- Please complete the entire form when a person changes residences, but continues to be supported by your agency.
- If a transition between agencies, outgoing provider agency completes section 1.
- If a transition between agencies, receiving provider agency completes section 2.

Section 1:

<p>Previous Address:</p> <p>Will anyone continue to reside in this home? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, do you want to discontinue site code? Yes <input type="checkbox"/> No <input type="checkbox"/> Effective Date:</p>
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Section 2:

<p>Current/New Address:</p> <p>Current/New Phone number:</p> <p>Address notices and change of representative payee notices, as applicable, for all benefits, such as food stamps, SSI, STRAP, Form 2350, and checking account are complete. Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain:</p> <p>Comprehensive record and all personal documents, including TennCare and Soc. Sec. Cards, legal papers, birth certificate, etc. are moved with the person. Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain:</p> <p>All necessary equipment and medication is present. Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain:</p> <p>Cross Training has been completed. Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain:</p> <p>Amount of money transferred with the person (mark N/A if no change in provider):</p>
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