



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

TRANSITION PLANNING FORM

ISC Agency:			
ISC Name: <input type="text"/>		(Person's Name)	(Meeting Date)
Target Transition Date:			
List COS members and others who were involved in developing this transition plan: _____			
<input type="checkbox"/> Inter-Region Transfer			
<input type="checkbox"/> Change in Home Only	New address:		
<input type="checkbox"/> Change in Residential Provider	Current Residential Provider:		
<input type="checkbox"/> Change in Home and Provider	New Residential Provider:		
<p>The Department reserves the right to request documentation to verify information reported on this form. Documentation used to plan this transition should be maintained and available for inspection by any Department review or survey team.</p> <p>Instruction to Providers: Please note that, once the move occurs, providers are responsible for notifying the appropriate ISC when a transition occurs so that the ISPs of all persons residing at both the sending and receiving sites can be updated. In addition, providers are responsible for complying with policy 80.4.3 Personal Funds Management.</p> <p>Instruction to ISCs: The ISC is required to complete this form in its entirety and submit it to the Regional Transition Unit for all transitions. Email the completed form to the Regional Transition Unit. All of the activities listed below must be addressed in reviewing and preparing for an upcoming transition. For any activity not completed, explain why and the steps to be taken to address the activity in the comments section.</p>			
<p>1. Reason for the transition What is the specific reason for the transition? What is the benefit to the person?</p>			
<p>a. If there will be a change in residence as a result of this transition, did the person choose the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If the answer is no, why not?</p>			
<p>b. Are the person and/or conservator in agreement with this move? If there is disagreement about the appropriateness of the move, list the reason for the disagreement and the reason the transition is being pursued without that agreement.</p>			

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<p>c. If the transition is the result of dissatisfaction with the current service provider, was the complaint or concern discussed with the agency's or DIDD complaints resolution staff? If no, why not?</p> <p>_____</p>		
d. What choices or options (including this transition) were discussed with the person and COS? _____		
<p>e. Natural Supports</p> <p>Will the person remain in the same neighborhood/community? If not, how far away is the new residence? <input type="checkbox"/></p> <p>How will the person's relationships with family and friends be maintained after the transition?</p>		
<p>3. Determining the Need for a Therapeutic Site Assessment</p> <p>If the answer to any question below is yes, contact a community OT or PT to arrange a therapeutic site assessment. If a community OT or PT cannot be obtained, a referral to the Regional Therapeutic Services Team should be made. If there is any question about the need for a therapeutic site assessment, contact the Regional Therapeutic Services Team to discuss.</p> <p>Does the person have current home accessibility modifications (e.g. a ramp, grab bars, railings, roll-in shower, etc.)?</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p> <p>Does the person use mobility devices (e.g., wheelchair)?</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p> <p>If yes, what device(s) does the person use? <input type="checkbox"/></p> <p>Does the person have a history of falls?</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p>		
<p>4. Environmental Accessibility Modifications</p> <p>a. If modifications are needed, what is the estimated date of completion?</p>		

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5. Housemate Fit

a. Did the person choose his/her housemate?
 _____ Yes No

ab. Was the housemate matching tool used to facilitate choice of housemate?
 Yes No

b. Describe how the characteristics of the new housemate(s) make him/her a good match for the person. N/A if there will be no change in housemates.

c. Attach a copy of the matching tool that was used to facilitate housemate selection.

6. Individual Specific Training

What staff training and/or cross training is needed to ensure a smooth transition for the person? (e.g., staff instructions, BSP, ISP, shadowing, etc.) (NA if there will be no change in staff.)

7. Budget Information

a. The person has a personal budget.

b. The person can afford his/her routine living expenses without assistance, e.g., DIDD subsidy and/or personal loan from the provider. ?
 Yes No

If No, explain how these issues will be resolved:

c. The person can afford to pay for **ALL** of the expenses associated with the move. ?
 Yes No

If No, explain how these issues will be resolved:

d. Are there ANY expenses associated with the move that another party will be responsible for paying?

 Yes No

If yes, what is the expense(s) and who is responsible for payment?

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<p>DIDD _____ Regional Director Signature/ Date</p> <p>Provider person is transitioning to</p> <p>Provider person is transitioning from</p> <p>Other</p> <p>e. Will there be any additional monthly expenses for the person as a result of this transition? If yes, explain:</p>		
COMMENTS & NOTES:		