



## ASSISTED LIVING FACILITY SELECTION FORM

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|--|--|-----|
| Participant Name (Last, First, M.I.)   | Date of Birth  | Age |
| <b>Participant Please Complete the Following Section</b>   |  |     |
| Is an Assisted Living your preferred housing choice?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| If yes, which Assisted Living will you move into?  |  |     |
| In the future would you be interested in moving out of the Assisted Living into a home or apartment setting?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| If “yes”, would you like help applying for subsidized housing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| Some assisted living facilities may be affected by changes in Federal regulations related to home and community characteristics. Those changes may mean that at some time in the future you may have to move from the assisted living facility to a new placement. At this time, do you still want to move into this assisted living facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| <b>By signing below, I verify my decision to move into an assisted living facility</b>   |  |     |
| <b>Participant Signature</b>   | <b>Date</b>  |     |
| <b>Regional Transition Coordinator, Please Complete the Following Section</b>  |  |     |
| Did you inform the MFP Participant of their housing options?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| If the participant chooses to move to an assisted living facility, please respond to the following questions:  |  |     |
| Does the assisted living facility meet MFP qualified housing criteria? (See “MFP Qualified Housing Checklist”)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| Did you inform the participant of the possibility of a future move if the assisted living does not meet the new Federal HCBS settings rule?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| If the participant indicates an interest in moving from the assisted living facility into a home or apartment, have applications been completed  | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| <b>Regional Transition Coordinator Signature</b>   | <b>Date</b>  |     |