

Applicant Name:

## Purpose

Transition teams will use this housing checklist to verify that each MFP participant is moving into an MFP qualified residence. Residences only need to qualify under one of the three following categories to be considered an MFP qualified residence:

- 1. Home
- 2. Apartment
- 3. Community-based residential setting

| Но | Home   |     |    |  |
|----|--|-----|----|--|
| 1. | The home is owned or leased by the individual or the individual's family member. | Yes | No |  |
| 2. | If leased, the leasee is the MFP participant or a family representative.         | Yes | No |  |

If the response to both of these questions is "yes", This home is a qualified MFP residence

## Apartment

Apartments may include assisted living facilities

| 1. | The apartment has an individual lease.   | Yes | No |
|----|--|-----|----|
| 2. | The apartment has lockable access and egress.  | Yes | No |
| 3. | The apartment has a living area over which the individual or the individual in the individual's family has domain and control.   | Yes | No |
| 4. | The apartment has a sleeping area over which the individual or the individual or the individual's family has domain and control. | Yes | No |



| 5. The apartment has a bathing area over which the individual or the individual's family has domain and control.  | Yes | No |  |  |
|---|-----|----|--|--|
| 6. The apartment has a cooking area over which the individual or the individual's family has domain and control.  | Yes | No |  |  |
| 7. The apartment comports with federal fair housing guidelines.   | Yes | No |  |  |
| <ol> <li>The apartment lease includes rules and/or regulations from a<br/>service agency as conditions of tenancy or includes a requirement<br/>to receive services from a specific company.</li> </ol> | Yes | No |  |  |
| 9. The apartment lease requires notification of periods of absence.   | Yes | No |  |  |
| 10. The apartment lease includes provisions for being admitted,<br>discharged, or transferred out of or into a facility.  |     | No |  |  |
| 11. The apartment lease reserves the right to assign apartments and change apartment assignments  | Yes | No |  |  |
| If criteria 1-7 have a "yes" marked next to them, AND 8-11 have a "no"<br>marked next to them, this apartment/assisted living facility qualifies for  |     |    |  |  |

| Community-based residential setting  |                                 |     |                                |           |
|--|---------------------------------|-----|--------------------------------|-----------|
|  |                                 |     |                                |           |
| 1. The residence in a community-based more than four unrelated individuals caregivers.             | Ũ                               | Yes | lf respon                      | se is no, |
| <ol> <li>The residence is part of a larger cong<br/>separated from typical community dy</li> </ol> |                                 | Yes | this <b>does</b><br>qualify fo |           |
| This community-based residential setting   | s is a qualified MFP residence. |     |                                |           |
| Regional Transition Coordinator Name (Print  | ted)                            |     |                                |           |
| Regional Transition Coordinator Name (Sign   | ature)                          |     |                                | Date      |