



Money Follows the Person Housing Checklist

Applicant Name

Social Security Number

Medicaid ID Number

Transition teams will use this housing checklist to verify that each MFP participant is moving into an MFP-qualified residence. The residence only needs 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

Home

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

If the response to both of these is "YES," this home is a qualified MFP residence.

Apartment

Apartments may include assisted living facilities (ALFs).

- | | | |
|---|-----|----|
| 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's family has domain and control. | Yes | No |
| 4. The apartment has a sleeping area over which 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
8. The apartment lease includes rules and/or regulations from a service agency as conditions of tenancy or includes a requirement to receive services from a specific company.
 Yes No
9. The apartment lease requires notification of periods of absence. Yes No
10. The apartment lease permits the landlord or provider to make the tenant leave the apartment due to an admission, discharge, or transfer decision the tenant did not make.
 YES NO
11. The apartment lease reserves the landlord or provider's 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" marked next to them, this apartment/ALF qualifies for MFP.

Community-Based Residential Setting (Group Home)

1. The home in a community-based residential setting has no more than four unrelated individuals living together, not including caregivers. Yes No
2. The home is part of a larger congregate care setting (campus) separated from typical community dwellings. Yes No

If either is marked no, this does not qualify for MFP.

Regional Transition Coordinator Name (printed)

Regional Transition Coordinator Name (signature)