

## Support Coordinator MFP Report

Name of Individual participating in MFP \_\_\_\_\_

Name of Support Coordinator submitting report \_\_\_\_\_

Date of report \_\_\_\_\_

Please report if the individual participating in MFP has had any of the following changes/events over the previous month

1. Receiving a housing supplement that the individual did not previously receive (this may have changed if the individual's housing has changed in the last month). Please mark the type of housing supplement below:

- \_\_\_ 202 Funds
- \_\_\_ Funds for Assistive Technology as it relates to housing
- \_\_\_ Home Dollars
- \_\_\_ Housing choice vouchers
- \_\_\_ Section 811
- \_\_\_ Veteran's Affairs Housing Funds
- \_\_\_ CDBG Funds
- \_\_\_ Funds for Home Modifications
- \_\_\_ Housing Trust Funds
- \_\_\_ Low Income Housing Tax Credits
- \_\_\_ USDA Rural Housing Supplement
- \_\_\_ Other – please specify:

2. If the individual was hospitalized within the last month, please provide the dates of hospitalization: \*  
Begin Date of hospitalization \_\_\_\_\_  
End Date of hospitalization \_\_\_\_\_

*\*Please report hospitalization to RO at the time of admission. Hospitalization refers to any admission to inpatient services: Community Hospital, Psyche ward of a hospital, Crisis Respite at Habilitation Center, Community Mental Health Center, Rehab Facility, Nursing Home, etc.*

3. For individuals in the first 30 days of their transition period, please report:  
\_\_\_ The number of times the individual was hospitalized within the first 30 days of their transition period  
\_\_\_ The number of Emergency Room visits the individual had within the first 30 days of their transition period
4. If the individual returned to an institutional residence on a permanent basis during the last month (such as a nursing home), please report:  
The date the individual was re-institutionalized \_\_\_\_\_  
The reason the individual was re-institutionalized:

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5. If the individual was participating in self-directed services and the self-directed services have ended in the last month, please select the reason why the self-directed services ended:

- Opted-out (individual chose to end self-directed services)
- Inappropriate spending (self-directed services had to end because the service was misused )
- Unable to self-direct (there was no one who had the skills/willingness to be a self-directed services manager
- Individual abused their worker
- The 365 day MFP transition period ended
- Other – please specify:

***Thank you! Please submit to the Community Living Coordinator at your Regional Office by the 15<sup>th</sup> of the month for the previous month for all individuals participating in the Money Follows the Person program. The Community Living Coordinator may contact you to clarify additional information.***