

**COMMUNITY RELOCATION INITIATIVE
 INITIAL INFORMATION AND FUNDING ESTIMATE**

Completion of this form is voluntary. If not completed, the request cannot be processed. The personally identifiable information is being collected to process **potential** program eligibility. Completed forms will only be accessed by staff processing the request.

Name – Applicant		Date of Birth	Target Group	County Applying
Medicaid Number	Name of Nursing Home		Nursing Home Phone Number	
Date of Planned Relocation/Discharge	Date of Admission to Nursing Home	Is the Nursing Home Closing or Downsizing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Why is this nursing home stay expected to be long-term?

Was this applicant served by CIP II/COP-W prior to this nursing home admission? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , indicate the waiver services END date:	Legal Guardian Name and Phone if Applicable
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Applicant's Proposed Type of Residence Setting
 Home Apartment RCAC AFH CBRF Not Yet Determined

Name of Setting if Applicable	New Address (Street, City, State, Zip Code)
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Estimate of the person's daily waiver cost (Do not include room and board, cost share or one time waiver costs.)

This cost includes the following estimated daily amounts:

Supportive Home Care	CBRF Service Per Diem	Transportation	Adult Day Care	Care Management	Other
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One Time Waiver Costs	Waiver Allowable Home Modifications	Room and Board Costs in Substitute Care Setting
Adaptive Aids		

Will one time funding be needed for start-up costs (clothing, groceries) not covered by CIP II SPC 106.03 or 604.04?
 Yes No If Yes, explain cost and items:

Estimate of the daily Medicaid card services person will need (hours/day; times/week)	Other: (e.g., Transportation, DME, DMS)
MA Personal Care	Home Health (RN / Therapies)

Amount of Person's Monthly Income:

Name – Care Manager (Print)	Date Form Completed	Telephone Number
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Fax Number	Email Address
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Fax completed form to BALTCS – Money Follows the Person (MFP) at 608-266-5629 - or email to MFP@wisconsin.gov

For Bureau of Adult Long Term Care Services Use Only	
Reason Estimate is not able to be approved:	
<input type="checkbox"/> Estimate approved. Submit waiver application packet to TMG for FINAL approval of CRI plan and funding. If this relocation may be eligible for Money Follows the Person Program, MFP forms will be sent to the Care Manager.	
SIGNATURE - BALTCS Approval	Date Approved

For More Information
 608-267-7131
 or
MFP@wisconsin.gov