



1399 Geneva Ave N Suite 201, Oakdale, MN 55128  
 Phone: 651-330-1559 Fax: 651-207-8179

## Transitional Services Request Form

**Individuals are eligible if they meet the following criteria's**

1. **Must be waiver eligible (CADI, CAC, DD & BI waiver)**
2. **Must not have received transitional services in the last 3 years.**
3. **Must be moving out of licensed facility (NF, RTC, IRTS, AFC, ICF-DD, Hospital)**
4. **Must be moving into a non-licensed facility (Own Home, Apartment, Assisted Living)**
5. **Cannot receive transitional services more than 45 days after leaving a licensed facility**
6. **Must have a written service authorization from Case Manager.**

Provider Name	NPI Number	Description	Procedure Code	Maximum Amount
OCS Inc.	1467881102	Household Items	T2038-U2	\$300.00
OCS Inc.	1467881102	Furniture	T2038-UI	\$1000.00
OCS Inc.	1467881102	Moving Services, Delivery, Damage Deposit, Application Fee, Mileage & Labor	T2038	\$1700.00

**Client's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Client's Date of Birth:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**PMI #:** \_\_\_\_\_ **Type of Waiver:** \_\_\_ CAC \_\_\_ CADI \_\_\_ BI \_\_\_ EW \_\_\_ DD

**\*Does Client have Spend Down? \_\_\_\_\_ How Much? \_\_\_\_\_\***

**Date of Move:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**County of Financial Responsibility:** \_\_\_\_\_

**Diagnosis Code#:** \_\_\_\_\_

**(Please provide at least Two Diagnosis/Codes)**



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**Current Address & Room #:**

(Complete only if movers need to pick up belongings)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Storage Facility Name, Address & Unit #:**

(Complete only if movers need to pick up belongings)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**New Address & Apartment #:**

(Complete only if movers need to pick up belongings)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County Case Managers Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Apartment Size: \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ Studio \_\_\_\_\_ Group Home

Received Transitional Services in Past 3 Years?

\_\_\_ Yes (STOP, Not Eligible for this Service)

\_\_\_ No (Continue)

Color Preferences \_\_\_\_\_ (Doesn't mean they will be available)

Damage/Security Deposit: YES NO (Circle One) Amount: \_\_\_\_\_

Pay To, Address and Memo: \_\_\_\_\_

(Lease will need to be signed and keys will need to be at hand 2 day before the of move)

Application Fee: YES NO (Circle One) Amount: \_\_\_\_\_

Pay to, address and Memo: \_\_\_\_\_



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Please check the services identified in the Community Support Plan for the Transitional Service Coordinators to coordinate:

- Move personal items from Licensed Facility or Storage Unit to Consumers new home  
(Movers will not pack, unpack, assemble or disassemble)
- One-Time Pest and Allergen Treatment of Home
- Purchase One-Time Household/Cleaning Supplies/Furniture (SEE LIST BELOW)

**1. Moving/Delivery/Mileage/Labor/Damage Deposit & Application Fee Services, Not to exceed \$1,700 of the allowable \$3,000.**

**\*\*Only Check Needed Items\*\***

**2. Essential Furniture, Not to exceed \$1,000 of the allowable \$3,000.**

- \*1 person-Twin Bed, unless body size is an issue\* \_\_\_\_\_ Total Amount Spent
- Bed Frame       Mattress       Box Spring       Dresser or Night stand
  - TV Stand       Dining Table & Chairs (2 or 4 Chairs, Circle One)
  - Sofa/Couch (2 or 3 Cushions, Circle One)

**3. Household Supplies, Not to exceed \$300 of the allowable \$3,000.**

**Kitchen**

- Dishes       Silverware
- Towels/Potholders (Kitchen)       Drinking Glasses (Plastic- 4 pack)
- Utensil Cooking Set       Small Cutting Board
- Pots/Pans       Toaster
- Strainer       Mixing Bowls



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\_\_\_ Coffee pot

\_\_\_ 3 pc Knife Set

\_\_\_ Dish Rack w/ Tray

\_\_\_ Kitchen Garbage Can & Bags

\_\_\_ Microwave

## Bedroom

\_\_\_ 1 Pillow

\_\_\_ Hangers

\_\_\_ Hamper

\_\_\_ Bed in a Bag (Comforter/pillow cases/sheets)

(Twin/Full/Queen)

## Bathroom

\_\_\_ Toilet Brush

\_\_\_ Shower Curtain & Rings

\_\_\_ Bathroom Garbage Can

\_\_\_ Wash Clothes (Bathroom)

\_\_\_ Towels (2/4)

## Cleaning supplies

\_\_\_ Dish Soap

\_\_\_ Cleaning Supplies (Lysol, Pine Sol, etc.)

\_\_\_ Sponge

\_\_\_ Toilet Paper

\_\_\_ Broom w/ Dust Pan

\_\_\_ Laundry Detergent (Brand) \_\_\_

\_\_\_ Mop

\_\_\_ Paper Towels



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**Client Summary:-**

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgments of Receipt of all items requested**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transitional Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_