METRO CARE HUMAN SERVICES
TRANSITIONAL SERVICES REFERRAL FORM

Recipient's Name: _____ **Date:** _____

Instruction Sheet

Form must be filled out in full before MCHS can process referral
Complete ALL Sections (see attached sheets)
Recipient and Case Manager Signature required (last page)

Please allow 7-15 days for referral processing

Provider Name	NPI Number	Description	Procedure Code	Maximum Amount
MCHS	1518415736	Moving Services, Delivery, Damage Deposit, Application Fee, Mileage & Labor	T2038	$1700.00
MCHS	1518415736	Furniture	T2038-U1	$1000.00
MCHS	1518415736	Household Items	T2038-U2	$300.00

Please note that Metro Care Human Services (MCHS) will bill for labor

- $62/hour for Furniture Acquisition and Household Items Acquisition.
- $165/hour for Moving and Packing/ Unpacking.
- Mileage is calculated at 54 cents/mile.

Client Information

First Name:	M.I.:	Last Name:	
Date of Birth:	Gender: ☐ Male ☐ Female ☐ Prefer not to answer ☐ Other: _____	Race:	SSN:
Diagnostic Codes and Descriptions:			PMI #:
Phone Number:	Cell Number:	E-mail address:	

Contacts (please fill out all contact information)

Case Manager full name: _____	Best Contact Number: _____ E-mail: _____
Case Manager Supervisor full name: _____	Best Contact Number: _____ E-mail: _____
Relocation Service Coordinator full name: _____	Best Contact Number: _____ E-mail: _____
Care Coordinator full name: _____	Best Contact Number: _____ E-mail: _____

Payments Source: ☐ CAC ☐ CADI ☐ BI ☐ DD ☐ MHM
Service Provider: ☐ U-Care ☐ Medica ☐ Bridgeview

Current Address (Complete only if movers need to pick up belongings)

Address and Unit Number:	City:	Zip code:

Storage Facility (Complete only if movers need to pick up items)

Facility Name:	Unit:	
Address:	City:	Zip code:

New Address

Address and Unit Number:	City:	Zip code:

Move Date: _____

Transitional Services Information

Community Support Plan (CSP) authorized Services*: (mark all that apply)**

☐ Move personal items from licensed facility or storage unit to Individual's new home. (T2038)
☐ Purchase **One-Time** Furniture items. (T2038 – U1) **(See list on next page)**
☐ Purchase **One-Time** Household items/ Cleaning Supplies. (T2038 – U2) **(See list on next page)**

*****Please note all lines MUST be authorized prior to providing services. MCHS requires a Service Agreement screenshot prior to providing any services.**

Apartment Size: ☐ **Studio** ☐ **1 bedroom** ☐ **2 bedrooms**

Color Preference: _____ (may not be available)

(T2038) Moving Expenses/ Damage Deposit/ Application Fee:

Damage Deposit: ☐ Yes ☐ No (Damage deposit cannot exceed **$500.00** and will not be available until day of move. Letters guaranteeing payment will be sent out prior to move.)	**Amount: $_____**
Application Fee: ☐ Yes ☐ No (Application fee cannot exceed **$50.00** and will not be available until day of move. Letters guaranteeing payment will be sent out prior to move.)	**Amount: $_____**

Payment Details

Name Payable To:		Phone Number:	
Billing Address:	City:	State:	Zip code:

(T2038-U1) Essential Furniture: (not to exceed $1,000) (Only check items needed)

If all items are checked, individual will receive some used furniture.

☐ Bed frame* ☐ Mattress* ☐ Box Spring* ☐ Dresser

☐ Floor Lamp ☐ TV Stand ☐ Dining Table & Chairs (☐ 2 Chairs ☐ 3 Chairs)

☐ Night Stand ☐ Table Lamp ☐ Sofa/Couch (☐ 2 Cushions ☐ 3 Cushions)

***Twin Bed, unless body size deems otherwise**

(T2038-U2) Household Supplies: (not to exceed $300) (Only check items needed)

☐ Sheets - Size _____ (Twin/ Twin XL/ Full/ Queen) **(hospital beds generally require Twin XL sheets)**

☐ 1 Pillow	☐ Bed in a bag (Comforter/ Pillow Cases/ Sheets)
☐ 1 Blanket	☐ Clock
☐ Toaster	☐ Coffee Pot
☐ Pots/Pans	☐ Mixing bowls
☐ Strainer	☐ Kitchen linens (Towels/ Potholders/ Washcloths)
☐ 3 pc Knife Set	☐ Utensil Cooking Set
☐ Small Cutting Board	☐ Dishes
☐ Silverware	☐ Drinking Glasses (4 plastic)
☐ Dish Rack with Tray	☐ Kitchen Garbage Can
☐ Bathroom Garbage Can	☐ Garbage Bags
☐ Paper Towels	☐ Toilet Paper
☐ Kleenex	☐ Bathroom linens (Towels/ Washcloths)
☐ Hangers (set of 10)	☐ Hamper
☐ Broom w/dust pan	☐ Mop
☐ Toilet Brush	☐ Sponge/dish soap
☐ Cleaning Supplies	☐ Shower Curtain and Rings
☐ Laundry Detergent	☐ Other: _____

☐ Microwave **(All Above items may not be purchased if this box is checked)**

☐ Slow cooker **(All Above items may not be purchased if this box is checked)**

☐ Stick Vacuum **(Only if requested and funds are available)**

Important Notices: (Please read before signing)

- It is required that a member of the client's care team is present on-site on the move date. (Does not apply to MCHS HAC Clients and/ or MCHS Relocation Service Coordination Clients)
- All outside referral clients are responsible for packing before the move date. Any MCHS HAC Clients are eligible for packing assistance.
- Please note that MCHS will bill for labor.
- Please be aware that it is the client's/ care team's responsibility to find and secure an agreement with a moving company (reference available).
- Please be aware that it is the client's/ care team's responsibility to clean up after move.
- MCHS is limited to a 35-mile moving radius from original location to the new housing address.
- MCHS requires a Service Agreement screenshot prior to providing any services.
- Effective July 1, 2018 individuals on Housing Access Coordination are eligible to receive Transitional Services. Please visit the DHS website for Transitional Services updates.

Form must be filled out in full before MCHS can process referral

Recipient's Signature: _____

Case Manager Approval Signature: _____

Case Manager Phone: _____ **Case Manager E-mail:** _____

Case Manager's Supervisor Phone: _____

Case Manager's Supervisor E-mail: _____

Please **FAX** referral form with signatures to (**651) 528-7897 Attn: Dolly Mensah**
Or **e-mail** info.intake@metrocareservicesmn.com - Subject: "**TS Referral Form**"
If you have any questions, please call (651) 348-6210