

W-979
(New 10/08)
(Revised 9/09 –
Temporary)

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
"MONEY FOLLOWS THE PERSON"
Application for Initial Screening

Date received _____

DSS Use only
EMS I.D.: _____
Assigned: _____

Thank you for your interest in the "Money Follows the Person" (MFP) demonstration. When filling out the application please do not leave anything blank. Please write "unsure" on sections where you are not certain. Once we have received the application and have had a chance to look it over, a letter will be sent to you letting you know a transition coordinator will be contacting you to begin your assessment. He/ She can help answer any questions you may have about "Money Follows the Person." If you need help filling out the application, please call 1-888-99CTMFP (1-888-992-8637). For the hearing impaired or TTY users, please use 711 as a relay service. (If application is completed by someone other than applicant complete "referred by" section.)

Referred by: _____	Telephone: () _____ - _____
Title/Relationship: _____	Does the person know you are making the referral? Yes _____ No _____

First Name: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Sex: Male Female (circle one)
month date year

Social Security Number: _____ - _____ - _____

Are you currently living in a nursing home or other facility?

YES NO (circle one)

What is the address of the place you are living? What is the name of the facility?

Street

City, State zip code

Are you currently receiving or pending for Medicaid through the State of Connecticut?

YES NO UNKNOWN (circle one)

Do you want to move back to the community?

YES NO (circle one)

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Please tell us the best telephone number you can be reached at:

() -

What address will you live at when you leave the nursing home?

Do you use a wheelchair or walker? Yes _____ No _____

What event brought you to the nursing home? _____

Do you have a family member or friend to help you when you move to the community? Yes ____ (Name) _____ No _____

Please provide information on anyone who may be a conservator or an authorized representative:

First Name: _____ Last Name: _____

What is this person's relationship to you? (check one)

Conservator of Person/Guardian Conservator of estate

Other _____

How can we reach them? (Telephone number) () -

Conservator address: _____

Mail Applications to:
Department of Social Services
Money Follows the Person, 11th Floor
Attention: Tamara Lopez
25 Sigourney Street, Hartford, CT 06106

Fax Applications to:
(860) 951-9544
Attention: Tamara Lopez

*The Social Security numbers of all people receiving or requesting assistance will be used to verify identity and eligibility. Social Security numbers also will be cross-matched against federal, state and local government files by computer. The department is allowed to request Social Security numbers based on 42 USC §§1320b-7(a)(1), (b)(2). REGION FAXED TO: