

Appendix K: Transition Progress Report

Transition Progress Report – Blank

Center: **Consumer ID:** (To be assigned by CACIL)

Consumer First Name: **Consumer Last Name:**

Ending Date for Quarter:

Ending Dates
3/31/yy, 6/30/yy, 9/30/yy, or
12/31/yy

Progress in Consumer's Transition

1) Consumer's current status with the project:

Reference: See Page 2, Item (1) of Instructions for **Current Status** Codes

Reason for status:

Examples of Reasons

2 – Active On Hold – “Hospitalized”

4 – Ineligible -- “Lives in Rest Home”

5 – Withdrawn by CIL -- “Transferred to Another Advocate”

6 – Withdrew from Project -- “Chooses to stay at NF”

If the consumer was transitioned this quarter, what was the date of transition?

7 – Transitioned to Community -- “Transitioned 3/31/2003”

2) Is the Transition Time Line being used as a guide for accomplishing activities related to the consumer's transition? **Consistent follow through**

→ If No, Why Not?

3) Benchmarks achieved on the transition timeline for each month of the quarter.

(See characteristics of bench-marks in transition guide. List components of the plan that are in place.) – Use last date of month: 1/31/xx, 2/28/xx, 3/31/xx, 4/30/xx, etc.

Reference: See Page 2, Item (2) of Instructions for **Transition Timeline Codes**

Timeline Reporting Date (For each month – m/d/yy)	Timeline Code

- 4) What are the three (3) most important activities that have been undertaken that demonstrate progress has been made on the timeline compared to last reporting period?

Reference: See Pages 3 and 4, Item (3) of Instructions for **Timeline Progress Indicators**

1 - 2 - 3 -

(Use '51' for "None" and '99' for Not Applicable (N/A))

Other activity indicating progress:

- 5) What are the three (3) most important barriers that have been encountered that demonstrate regression on the timeline compared to last reporting period?

Reference: See Page 4, Item (4) of
Instructions for **Timeline Barrier Codes**

1 - 2 - 3 -

(Use '12' for "None" and '99' for Not Applicable (N/A))

Other barrier:

- 6) What are the three (3) most important practices that have been most influential to the success of the consumer's transition compared to last reporting period?

Reference: See Pages 5, Item (5) of
Instructions for **Successful Practice Codes**

1 - 2 - 3 -

(Use '34' for "None" and '35' for Not Applicable (N/A))

Other practice:

- 7) What are the three (3) most important factors that have been most influential in delaying the progress of the consumer's transition compared to last reporting period?

Reference: See Page 6, Item (6) of
Instructions for **Delaying Factors**

1 - 2 - 3 -

(Use '25' for "None" and '99' for Not Applicable (N/A))

Other delaying factor:

8) Which project tools have been used as part of this consumer's transition process?

Self Assessment (Check if yes)

→ If No, Why Not?

Transition Guide (*Spiral Bound Guide Distributed to Consumers*)

(Check if yes)

→ If No, Why Not?

Transition Resource Handbook (*Large Professional Handbook*)

(Check if yes)

→ If No, Why Not?

9) **How many people are actively involved in the consumer's Transition?** (NF Staff, Family, Friends, Community Support, etc.)

0 – None 1 – 1-3 People 2 – 4-6 People 3 – 7-10 People 4 – More than 10 people
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Do most of these people constitute or function as a team or Circle of Support?

(Check if yes) **Comments:**

- 10) How involved is the individual in their transition? **Do not consider assistance the individual needs to accommodate their disability. (Example: For someone with quadriplegia and no access to an appropriate computer, do not consider their need for assistance with written tasks as a factor that limits their ability to be involved. Look at what they can do to accomplish this, such as using the Transitional Coordinator or Facility Social Worker to act as a scribe.)**

Reference: See Page 6, Item (7) of Instructions for **Consumer's Level of Involvement** codes

What factors have contributed to the consumer's involvement? **(personal drive/depression/anxiety, hostile or highly supportive NF environment, active or lack of active family and friends.)**

- 11) In general, how supportive is the nursing facility of the consumer's transition?

Reference: See Page 7, Item (8) of Instructions for **Nursing Facility's Level of Involvement** codes

What factors have contributed to the nursing facility's involvement?

- 12) **Estimated date of consumer's discharge (if still in facility):** (M/d/yy)
(If it is not possible to project a date at this point – use one year from the close of this quarter.)

- 13) ILC staff time (in hours) on individual's transition this reporting period:

Consumer's Community Supports

- 1) Does the consumer require housing in the community? (Check if yes)

If housing is needed:

How many bedrooms?

What is the maximum rent the consumer can afford?

What other housing requirements are necessary?

Housing Requirement	Needed? (Check if yes)
Rental subsidy needed	<input type="checkbox"/>
Wheelchair accessible?	<input type="checkbox"/>
Must have less than 6 stairs	<input type="checkbox"/>
Main entrance must be accessible	<input type="checkbox"/>
Has or is capable of roll-in shower	<input type="checkbox"/>
Must be near accessible transportation	<input type="checkbox"/>
Must accommodate live-in PA or companion	<input type="checkbox"/>
Other housing requirements*	<input type="checkbox"/>

*Other housing requirements described:

- 2) Which of the following community resources have been identified?

Community Resource	Available? (Check if yes)
Housing registry	<input type="checkbox"/>
Center for Independent Living	<input type="checkbox"/>
Part B funds of Independent Living Center	<input type="checkbox"/>
Local office of Persons with Disabilities	<input type="checkbox"/>
Local social worker	<input type="checkbox"/>
Spouse or domestic partner in community	<input type="checkbox"/>
Co-op Initiatives	<input type="checkbox"/>

Faith-based organizations	<input type="checkbox"/>
Private funding sources, such as local foundations*	<input type="checkbox"/>
Local ADA Para Transit	<input type="checkbox"/>
Local cultural centers/organizations/agencies	<input type="checkbox"/>
Local cultural options, such as theater, arts, etc.	<input type="checkbox"/>
Disability rights and advocacy available	<input type="checkbox"/>
Housing authority available in community	<input type="checkbox"/>
Local medical suppliers	<input type="checkbox"/>
Local mental health services/center	<input type="checkbox"/>
Local/State peer support – disability related	<input type="checkbox"/>
Local/State peer support – not disability related	<input type="checkbox"/>
Local recreational programs	<input type="checkbox"/>
Local senior center	<input type="checkbox"/>
Local substance abuse treatment center/program	<input type="checkbox"/>
State security deposit program	<input type="checkbox"/>
Transition house	<input type="checkbox"/>
Victim's services	<input type="checkbox"/>
Other local resources**	<input type="checkbox"/>

* Name(s) of local funding sources:

** Other local resources:

3) Please describe any ILC resources (other than grant resources) that are supporting this transition:

Remaining questions are only for consumers who have transitioned: Complete for Transitioned Consumers who have not had their case closed or who were closed this quarter. (Consumers who are Statue '7.1' or moved out of status '7.1' this quarter.)

