

SUPPORT COORDINATION TRANSFER OF RECORDS FORM

Applicant/Participant Identifying Information

Participant's Name: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____ Social Security Number: _____ - _____ - _____

Medicaid Number (if applicable): _____

Applicant/Participant currently resides in a Group Home or Nursing Home? Yes No

Transferring Agency Name: _____ Region: _____

Address: _____

Receiving Agency Name: _____ Region: _____

Address: _____

Indicate with an "X" the required documents being transferred from the following agency:

- | | | |
|--|---|--|
| <input type="checkbox"/> Discharge 148 | <input type="checkbox"/> Current Assessment(s) | <input type="checkbox"/> Waiver Offer Letter |
| <input type="checkbox"/> Form 142 | <input type="checkbox"/> POC (current & approved) | (if not certified) |
| <input type="checkbox"/> Decision Notice | <input type="checkbox"/> 6 Months of Progress | <input type="checkbox"/> NF Offer Registry |
| | Notes | Date: _____ |

Signature by both transferring agency and receiving agency are required for the Transfer of Records to be finalized.

Transferring Agency Signature (Required)

Date

Receiving Agency Signature (Required)

Date