

Community Transition Funds Request form

Participant Name				SoonerCare ID	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address					
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

A. PURPOSE OF SUPPLEMENTAL FUNDING (COMMUNITY TRANSITION SERVICE)

You are eligible for supplemental service funding to assist in securing housing, essential household items, home set-up and transportation to transition to a community setting. Please note the maximum benefit for supplemental services through the Living Choice Demonstration is \$3000. **Note: Supplemental Funds will not be authorized for rent or mortgage.**

B. REQUEST FOR COMMUNITY TRANSITION SERVICES (T2038)

Housing Costs			Transitional Costs		
Item	Estimated	Actual	Item	Estimated	Actual
<input type="checkbox"/> Security Deposit			<input type="checkbox"/> Household Items		
<input type="checkbox"/> Utility Deposit (electric)			<input type="checkbox"/> Required Documents		
<input type="checkbox"/> Utility Deposit (water)			<input type="checkbox"/> Home Set-Up Costs		
<input type="checkbox"/> Utility Deposit (gas)			<input type="checkbox"/> Application/Admin Fees		
<input type="checkbox"/> Utility Deposit (phone)			<input type="checkbox"/> Transportation Costs		
<input type="checkbox"/> _____			<input type="checkbox"/> _____		
TOTAL ACTUAL COSTS:					

C. ACTUAL COSTS – FINAL CERTIFICATION AND SIGNATURE

Participant - I certify that I have reviewed and agree with the transition items documented on this form.

Signature of Participant or Legal Agent
(Note: If Participant signs with a mark, two witnesses are required)

Date

Witness Signature

Date

Witness Signature

Date

Transition Coordinator

I certify that I have consulted with the participant to determine move-in item needs and all related costs to the best of my ability.

Transition Coordinator Signature

Date

Transition Coordinator Supervisor

I certify that I have approved the transition items and actual costs outlined on this form for the transition of the above named participant.

Transition Coordinator Supervisor Signature

Date

ESSENTIAL HOUSEHOLD ITEMS

Members and transition coordinators should complete this section together to determine move-in needs. Costs for necessary items should be estimated as accurately as possible. Prior to transition the transition coordinator should submit this form for approval. The "actual cost" column should be completed as items are purchased. The members and transition coordinators are required to sign and initial the form to confirm receipt of items purchased.

Category/ Initials	Needed Items	Actual Cost
Bedroom		
/	Bed (mattress, box spring, frame)	
/	Bedding (mattress pad, sheets, blanket, bedspread, pillow)	
/	Dresser, nightstand, mirror	
/	Alarm clock	
Bathroom		
/	Bath linen (towels, hand towels, wash cloths, bathmat)	
/	Shower curtain (curtain, liner, rods, rings)	
/	Accessories (soap dish, toothbrush holder, wastebasket)	
Kitchen		
/	Pots and pans, cooking utensils, cutlery	
/	Bake-ware, mixing bowls, measuring cups/spoons	
/	Dishes (plates, cups, bowls, glasses, flatware)	
/	Accessories (pitcher, dish drainer, storage container, can opener)	
/	Garbage can	
/	Microwave	
/	Small appliances (coffee pot, toaster, crock-pot)	
/	Linen (dish towels, dish cloths/scrubbers, hot pads)	
Living and Dining Rooms		
/	Sofa or Futon	
/	Dining table and chairs	
/	Armchair	
/	Lamp(s)	
/	End table(s)	
/	Bookcase	
Personal Hygiene		
/	Daily hygiene essentials (body wash, deodorant, hand soap, toothpaste, mouthwash)	
/	Grooming items (hairbrush/comb, shampoo, conditioner, and styling products)	
/	Skincare (facial cleanser, moisturizer, lotion, foot scrub, sunscreen and body powder)	
/	Shaving (razor manual/electric, shaving cream/gel, aftershave)	
/	Adult briefs, diapers and liners (45-day supply)	
/	Disposable bed and chair pads (45-day supply)	
/	Washable bed and chair pads (not to exceed 8)	
Clothing (as authorized)		
/	Shirts (3) pants (3) pajamas (2)	
/	Undergarments (3 sets)	
/	Seasonal outerwear (jacket, coat, scarf, cap, gloves)	
/	Shoes & socks	
/	Dresses or skirts (3)	
Pantry Stocking		
/	Groceries and supplies (See Recommended Pantry Stocking List)	
/	Fresh Fruit and produce	

Miscellaneous Household Items		
/	Fan	
/	Vacuum	
/	Cleaning supplies (mop, broom, bucket, sponges/cloths)	
/	Telephone	
/	Blinds/curtains	
/	Laundry supplies (basket, hangers)	
/	Repair items (small sewing kit, small tool set)	
/	Calculator	
/	Medication planner	
Other		
Total Costs		