

Pathways to Community Living: Illinois' Money Follows the Person



Referral/Self-Referral Form

To Community Living

If you are interested in learning more about this program for yourself or for another individual, please fill out this form and a program representative will contact you. Eligibility and participation in the program will be determined after an initial face-to-face meeting. This referral form is only a first step in that process.

- Is this referral for you? YES NO (If yes, please go to Section B)
- Is this referral for someone else? YES NO (If yes, please complete Sections A and B)
- Is this an MDS 3.0, Section Q Referral? YES NO

Section A (To be completed if you are referring someone else)

Your Name: _____

Your Organization: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Your Phone : _____

Your Email: _____

What is your relationship to the individual you are referring to this program?

Guardian or Legal Representative

Nursing Facility or ICF/DD Staff

Family Member or Friend

Other

If other, please explain: _____

Additional Relationship Information: _____

Does the individual know you are making this referral on their behalf? YES NO

If you are making a referral for someone else, by completing this form you agree to be contacted by a representative of one of the participating state agencies in the program.

Section B (This section must be completed for all referrals)

Name: _____

Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone : _____

Email: _____

Residence (Name of nursing facility or ICF/DD): _____

Which of the following best describes the individual being referred (please check all that apply):

- Individual over age 60
- Individual with physical disability
- Individual with serious mental illness
- Individual with intellectual or developmental disability

Which of the following applies to the individual being referred (please check all that apply):

- Currently receiving Medicaid or is eligible to receive Medicaid.
- Interested in moving into a community setting.
- Currently residing in nursing facility or ICF/DD.

What is the length of time the individual being referred has resided in a nursing facility or ICF/DD: _____



For more information, please visit us on the web at www.MFP.Illinois.Gov

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