Revised: 1/15/2019

**CDDO Area Transfer Form / Courtesy Share Form**

**Instructions: Current / Home CDDO sends completed form and case file packet to the New / Residing CDDO when a person moves to a new CDDO area or is requesting courtesy services in a new CDDO area due to foster care. Once the transfer is complete the new CDDO should electronically sign and return to the current CDDO.**

**Consumer Information**

|  |  |  |
| --- | --- | --- |
| Consumer Name:       | Date of Birth:       | Social Security #:       |
| Medicaid #:       | KAMIS ID:       | Tier:       |
| Current CDDO:       | New CDDO:       | Transfer / Share Date:       |
| Current Address:       | Current Phone #:       |
| New Address:       | New Phone #:       |
| Current TCM Agency:       | Current TCM Contact:       |
| MCO:       | MCO Care Coordinator Contact :       |

**Responsible Party Contact Information**

|  |  |
| --- | --- |
| [ ]  Guardian [ ]  DPOA [ ]  Other -       | [ ]  Child in DCF Custody |
| Name:        | [ ]  Child in Voluntary Foster Care (Children’s Residential) |
| Phone #:        | Child Placement Agency:       |
| Email:       | Case Worker Contact:       |
| Current Address:       | Foster Family Contact:       |
| New Address:       |  |

**Current Service Information**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  ICF / IID | [ ]  Supported Employment | [ ]  Agency Directed PCS | [ ]  Specialized Medical RN |
| [ ]  WH WORK program | [ ]  Residential Supports | [ ]  Overnight Respite | [ ]  Specialized Medical LPN |
| [ ]  TCM | [ ]  Wellness Monitoring | [ ]  Enhanced Care Services |  |
| [ ]  Day Supports | [ ]  Self Directed PCS | [ ]  Medical Alert Rental |  |

**Funding Information**

|  |
| --- |
| [ ]  On HCBS I/DD Waiver Waiting List KAMIS Wait List Date:       |
| [ ]  On HCBS I/DD Waiver Next Assessment Due Date:        |
| [ ]  Receives Extraordinary Funding [ ]  Home CDDO Requesting Courtesy Services  |
| [ ]  Approved new access to I/DD Waiver within past 6 months & documentation attached Date Approved:       |
|  [ ]  Waiting List Funds [ ]  Crisis [ ]  DCF Custody [ ]  Supported Employment  [ ]  Institutional Setting [ ]  PRTF [ ]  TA Waiver [ ]  Autism Waiver [ ]  TBI Waiver |

**Case File Documents for Transfer / Share**

**Required Documents:**

|  |  |  |
| --- | --- | --- |
| [ ]  Guardianship documents | [ ]  MR 1 Recipients Choice | [ ]  Integrated Service Plan |
| [ ]  Eligibility and supporting documents such as Psych Eval, EDI, Med exam, etc… |
| Explanation of why required documents were not attached and where they can be obtained:       |

**Recommended Documents:**

|  |  |  |
| --- | --- | --- |
| [ ]  Birth Certificate or Citizenship documents | [ ]  PCSP | [ ]  Medicaid and other insurance cards |
| [ ]  Functional Assessment | [ ]  Needs Assessment | [ ]  Medical Exam within past 2 years |
| [ ]  Most recent Notice of Action (MR-4, MR 5) | [ ]  Social Security Card | [ ]  3161 submitted |
| [ ]  Behavior Support Plan | [ ]  IEP | [ ]  Other Info:       |

**Transfer / Share Completion Information**

|  |  |
| --- | --- |
| Current CDDO Contact:       |  |
| Date packet sent to receiving CDDO:       | Date KAMIS transfer / share offered:       |
| New CDDO representative signature:              | Date signed:       |
| Comments:       |  |