



Money Follows the Person Assisted Living Facility Selection Form

Participant Name (Last, First, M.I.)	Date of Birth	Age
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Participant, Please Complete the Following Section

Is an Assisted Living Facility (ALF) your preferred housing choice?	YES	NO
If yes, which ALF will you move into?		
In the future, would you be interested in moving out of the ALF into a home or apartment setting?	YES	NO
If "YES," would you like help applying for subsidized housing?	YES	NO
Some ALFs may be affected by changes in federal regulations related to home and community characteristics. Those changes may mean, at some time in the future, you may have to move from the ALF to a new placement. At this time, do you still want to move into this ALF?	YES	NO
By signing below, I verify my decision to move into an assisted living facility.	Date	

Regional Transition Coordinator, Please Complete the Following Section

Did you inform the MFP Participant of their housing options?	YES	NO
If the participant chooses to move to an ALF, please respond to the following questions:		
• Does the ALF meet MFP qualified housing criteria? (See the "MFP Qualified Housing Checklist")	YES	NO
• Did you inform the participant of the possibility of a future move if the ALF does not meet the new federal HCBS settings rule?	YES	NO
• If the participant indicates an interest in moving from the ALF into a home or apartment, have the applications been completed?	YES	NO

Regional Transition Coordinator Signature	Date
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