BRIGHT HORIZON THERAPY CENTER INC

**TRANSITIONAL SERVICES REFERRAL FORM**

**Recipient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instruction Sheet**

**Form must be filled out in full before BHTC can process referral**

**Complete ALL Sections (see attached sheets)**

**Recipient and Case Manager Signature required (last page)**

**Please allow 7-15 days for referral processing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Name** | **NPI Number** | **Description** | **Procedure Code** | **Maximum****Amount** |
| **BHTC** | 1598313710 | Moving Services, Delivery, Damage Deposit, Application Fee, Mileage & Labor | T2038 | $1700.00 |
| **BHTC** | 1598313710 | Furniture | T2038-U1 | $1000.00 |
| **BHTC** | 1598313710 | Household Items | T2038-U2 | $300.00 |

**Please note that BRIGHT HORIZON THERAPY CENTER (BHTC) will bill for labor**

* $62/hour for Furniture Acquisition and Household Items Acquisition.
* $165/hour for Moving and Packing/ Unpacking.
* Mileage is calculated at 54 cents/mile.

**\*Effective July 1, 2018 individuals on Housing Access Coordination (HAC) are eligible to receive Transitional Services. Please visit the DHS website for Transitional Services updates. \***

**Client Information**

|  |  |  |
| --- | --- | --- |
| First Name: | M.I.: | Last Name: |
| Date of Birth: | Gender: [ ]  Male [ ]  Female[ ]  Prefer not to answer[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race:  | SSN: |
| Diagnostic Codes and Descriptions: | PMI #: |
| Phone Number: | Cell Number:  | E-mail address: |

**Contacts (please fill out all contact information)**

|  |  |
| --- | --- |
| **Case Manager** full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Case Manager Supervisor** full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Relocation Service Coordinator** full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Care Coordinator** full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Payments Source:** [ ]  CAC [ ]  CADI [ ]  BI [ ]  DD [ ]  MHM

**Service Provider:** [ ]  U-Care [ ]  Medica [ ]  Bridgeview

**Current Address (Complete only if movers need to pick up belongings**)

|  |  |  |
| --- | --- | --- |
| Address and Unit Number: | City: | Zip code: |

**Storage Facility (Complete only if movers need to pick up items)**

|  |  |
| --- | --- |
| Facility Name: | Unit: |
| Address: | City: | Zip code: |

**New Address**

|  |  |  |
| --- | --- | --- |
| Address and Unit Number: | City: | Zip code: |

**Move Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transitional Services Information**

**Community Support Plan (CSP) authorized Services\*\*\*: (mark all that apply)**

|  |
| --- |
| [ ]  Move personal items from licensed facility or storage unit to Individual’s new home. (T2038)[ ]  Purchase **One-Time** Furniture items. (T2038 – U1) **(See list on next page)**[ ]  Purchase **One-Time** Household items/ Cleaning Supplies. (T2038 – U2) **(See list on next page)** |

**\*\*\*Please note all lines MUST be authorized prior to providing services. BHTC requires a Service Agreement screenshot prior to providing any services.**

**Apartment Size:** [ ]  **Studio** [ ]  **1 bedroom** [ ]  **2 bedrooms**

**Color Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (may not be available)**

**(T2038) Moving Expenses/ Damage Deposit/ Application Fee:**

|  |  |
| --- | --- |
| **Damage Deposit:** [ ]  Yes [ ]  No(Damage deposit cannot exceed **$500.00** and will not be available until day of move. Letters guaranteeing payment will be sent out prior to move.) | **Amount: $\_\_\_\_\_\_\_\_\_** |
| **Application Fee:** [ ]  Yes [ ]  No(Application fee cannot exceed **$50.00** and will not be available until day of move. Letters guaranteeing payment will be sent out prior to move.) | **Amount: $\_\_\_\_\_\_\_\_\_** |

**Payment Details**

|  |  |
| --- | --- |
| Name Payable To: | Phone Number: |
| Billing Address: | City: | State: | Zip code: |

**(T2038-U1) Essential Furniture: (not to exceed $1,000) (Only check items needed)**

**If all items are checked, individual will receive some used furniture.**

[ ]  Bed frame\* [ ]  Mattress\* [ ]  Box Spring\* [ ]  Dresser

[ ]  Floor Lamp [ ]  TV Stand [ ]  Dining Table & Chairs ([ ]  2 Chairs [ ]  3 Chairs)

[ ]  Night Stand [ ]  Table Lamp [ ]  Sofa/Couch ([ ]  2 Cushions [ ]  3 Cushions)

**\*Twin Bed, unless body size deems otherwise**

**(T2038-U2) Household Supplies: (not to exceed $300) (Only check items needed)**

[ ]  Sheets - Size \_\_\_\_\_ (Twin/ Twin XL/ Full/ Queen) **(hospital beds generally require Twin XL sheets)**

[ ]  1 Pillow [ ]  Bed in a bag (Comforter/ Pillowcases/ Sheets)

[ ]  1 Blanket [ ]  Clock

[ ]  Toaster [ ]  Coffee Pot

[ ]  Pots/Pans [ ]  Mixing bowls

[ ]  Strainer [ ]  Kitchen linens (Towels/ Potholders/ Washcloths)

[ ]  3 pc Knife Set [ ]  Utensil Cooking Set

[ ]  Small Cutting Board [ ]  Dishes

[ ]  Silverware [ ]  Drinking Glasses (4 plastic)

[ ]  Dish Rack with Tray [ ]  Kitchen Garbage Can

[ ]  Bathroom Garbage Can [ ]  Garbage Bags

[ ]  Paper Towels [ ]  Toilet Paper

[ ]  Kleenex [ ]  Bathroom linens (Towels/ Washcloths)

[ ]  Hangers (set of 10) [ ]  Hamper

[ ]  Broom w/dustpan [ ]  Mop

[ ]  Toilet Brush [ ]  Sponge/dish soap

[ ]  Cleaning Supplies [ ]  Shower Curtain and Rings

[ ]  Laundry Detergent [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Microwave **(All Above items may not be purchased if this box is checked)**

[ ]  Slow cooker **(All Above items may not be purchased if this box is checked)**

[ ]  Stick Vacuum **(Only if requested and funds are available)**

**Important Notices: (Please read before signing)**

* It is required that a member of the client’s care team is present on-site on the move date.
* All outside referral clients are responsible for packing before the move date. Any **BHTC** HAC Clients are eligible for packing assistance.
* Please note that **BHTC** will bill for labor.
* Please be aware that it is the client’s/ care team’s responsibility to find and secure an agreement with a moving company (reference available).
* Please be aware that it is the client’s/ care team’s responsibility to clean up after move.
* MCHS is limited to a 35-mile moving radius from original location to the new housing address.
* MCHS requires a Service Agreement screenshot prior to providing any services.
* Effective July 1, 2018 individuals on Housing Access Coordination are eligible to receive Transitional Services. Please visit the **DHS** website for Transitional Services updates.

**Form must be filled out in full before BHTC can process referral**

**Recipient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Manager Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager’s Supervisor Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Manager’s Supervisor E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please **FAX** referral form with signatures to (**952) 960-0137 Attn: Sahra Hassan**

Or **E-mail** info@brighthorizonmn.net - Subject: “**TS Referral Form**”

If you have any questions, please call **(952) 232-6900**