

## Referral for Preassessment

To refer an individual for participation in the Money Follows the Person (MFP) Program, please email this completed form and a completed MFP Information Release to [ahs.dailmfp@vermont.gov](mailto:ahs.dailmfp@vermont.gov) via secure email or fax the forms to 802-241-0385.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicaid ID Number or Last 4 of Social Security Number: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Medical Facility Name: \_\_\_\_\_

Participant currently residing in facility? Y N

Participant's type of Vermont Long Term Medicaid: \_\_\_\_\_

## CASE MANAGEMENT INFORMATION

Case Manager: \_\_\_\_\_

Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If the potential participant does not have a Case Manager or Service Coordinator for Vermont Long Term Medicaid, contact one of the following numbers to request Options Counselling:

for persons under age 60, contact VCIL at 1-800-639-1522;

for persons age 60 and older, contact the Senior Helpline at 1-800-642-5119.

Submit this referral form after setting up Options Counselling.

REFERRER INFORMATION Same as above? Y N

Referrer: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_