

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 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 **only** once the agency providing Case Management is decided.

REFERRER INFORMATION Same as above? Y N

Referrer: _____ Date Referred: _____

Agency (if applicable): _____

Email: _____ Phone: _____