

## MFP Referral

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 the MFP Office at [ahs.dailmfp@vermont.gov](mailto:ahs.dailmfp@vermont.gov) via secure email or fax the forms to the MFP Office at 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

Is the individual currently on Choices for Care Long Term Medicaid: Y  N

Has the CFC application been submitted to DVHA: Y N

What was the date of the CFC submission:

\_\_\_\_\_

### Choices for Care Case Manager Information

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

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

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

If the individual needs a Choices for Care Case Manager, please contact the Senior Helpline to be directed to the nearest Area Agency on Aging: 1-800-642-5119

Referrer Information Same as above? Y  N

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

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

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