



Money Follows the Person Housing Checklist

Applicant Name	Social Security Number	Medicaid ID Number
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Transition teams will use this housing checklist to verify that each MFP participant is moving into an MFP-qualified residence. The residence only needs to qualify under one of the three following categories to be considered an MFP-qualified residence:

1. Home
2. Apartment
3. Community-based residential setting

Home

- | | | |
|---|-----|----|
| 1. The home is owned or leased by the individual or the individual's family member. | Yes | No |
| 2. If leased, the person leasing is the MFP participant or a family representative. | Yes | No |

If the response to both of these is "YES," this home is a qualified MFP residence.

Apartment

Apartments may include assisted living facilities (ALFs).

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|---|-----|----|
| 1. The apartment has an individual lease. | Yes | No |
| 2. The apartment has lockable access and egress. | Yes | No |
| 3. The apartment has a living area over which the individual or the individual's family has domain and control. | Yes | No |
| 4. The apartment has a sleeping area over which the individual or the individual's family has domain and control. | Yes | No |

