

PDS Transitional Services Referral Form

Instruction Sheet

1. Complete ALL Sections (incomplete referrals may be sent back)
2. Client and Case Manager Signature required (last page)
3. Eligibility Checklist (Please do not make referral if all eligibility criteria are not met)
 - If using CADI, CAC, BI or DD individual must be moving into own home (setting that individual owns, rents or leases and is not operated, owned or leased by a provider of services or supports)
 - Transitional services can be authorized for up to 45 days after an individual's move.
 - Individual cannot receive transitional services if they have already had them in the last 3 years
4. PDS does not work directly with individuals receiving services.

PDS will communicate with the case manager making the referral, case managers are expected to communicate any necessary information directly to the individual who is moving. Individuals contacting us will be referred back to their case managers.

Please allow 7-10 days notice for all referrals for processing.

PDS does not provide transitional services until a service agreement has been received

Provider Name	NPI Number	Description	Procedure Code	Maximum Amount
PDS	1205255262	Household Items	T2038 (U6 + U2)	\$500
PDS	1205255262	Furniture	T2038 (U6 + U1)	\$2,000
PDS	1205255262	Moving Services, Delivery, Damage Deposit, Application Fee, Mileage & Labor	T2038 (U6 + UA)	\$2,500

Please FAX referral form with signature on page 2 to Attn: Hanna at 612-332-9124. If you have any questions please call, Rashad at 612-332-9124 or email contact@pdsminn.org.

PDS Transitional Services Referral Form: Goal: to help individuals with disabilities to transition from a licensed setting to their own home.

Date:

Diagnosis:

County:

Diagnosis Code #:

Clients Name:

Phone Number:

Clients Date of Birth:
(Ex. 1/1/1974):

Race:

Gender:

PMI #: _____ **Payment Source:** ___CAC ___CADI ___BI ___EW ___DD ___MHM

*Does this Consumer have a Spend Down? **Y or N** How Much? _____*

*Are you aware of any bug infestations at the individual's current residence? **Y or N**

*Is the new home owned, operated, or leased by a provider of services? **Y or N** —

***Move Date:** _____

Current Address & Room #: N/A

(Complete only if movers need to pick up belongings)

City: _____ State: _____ Zip Code: _____

Storage Facility Name, Address & Unit #: (Complete only if movers need to pick up items)

City: _____ State: _____ Zip Code: _____

New Address & Apartment #:

City: _____ State: _____ Zip Code: _____

Contacts: (please make sure to fill out all contact information)

Case Managers Name:

Phone Number:

E-mai

