

## MFP Dis-Enrollment Form

### Instructions:

Form to be used when a participant dis-enrolls from MFP, whether the person has transitioned to community residency or not. This form should only be completed if a person has been enrolled in MFP by signing the informed consent.

### Case Summary (auto-populated)

- Program: \_\_\_\_\_
- Agency: \_\_\_\_\_
- Transition Coordinator: \_\_\_\_\_

### Participant Summary (auto-populated)

- Full Name: \_\_\_\_\_
- Middle Name: \_\_\_\_\_
- RIN: \_\_\_\_\_
- SSN: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Enrolled in Managed Care: \_\_\_\_\_
- Managed Care Organization: \_\_\_\_\_

### General

Date of disenrollment from MFP: \_\_\_\_\_

Tell us your next step:

- Continue to follow for anticipated re-enrollment
- Former participant and/or significant others will notify when/if re-enrollment is possible
- Participant will not be able to re-enroll

### Disenrollment Details

If the MFP Participant never transitioned to community residency, indicate the primary reason this MFP participant began, but did not complete the pre-transition process. (**check one**)

- Could not locate appropriate housing arrangement
- Could not secure affordable housing
- Death
- Deterioration of cognitive functioning exceeds community resources and supports
- Guardian refused participation

- Individual changed his or her mind
- Individual did not choose MFP qualified residence
- Individual would not cooperate in the care plan development
- Individual mental health needs exceeded capacity of program to meet them
- Individual physical health needs exceeded capacity of program to meet them
- Service needs greater than what could be provided in the community
- Individual withdrew for other reason. Explain \_\_\_\_\_

If the MFP participant transitioned to community residency, indicate the primary reason this MFP participant is dis-enrolling at this time.

- Moved
- Death
- No longer needed services
- Re-institutionalized
- Individual withdrew for other reason. Explain \_\_\_\_\_

If the participant was re-institutionalized, indicate the primary reason for re-institutionalization

- Acute care hospitalization followed by long-term care rehabilitation
- Deterioration in cognitive functioning
- Deterioration in physical health
- Deterioration in mental health
- Loss of housing
- Loss of personal caregiver and no other caregiver could be identified
- By request of parent or guardian
- Lack of sufficient community resources and supports