

**MONEY FOLLOWS THE PERSON PROGRAM
SUCCESS STORY TEMPLATE**

This template is intended for use by the Money Follows the Person (MFP) program Transition Coordinators and Case Managers to record MFP success stories.

Please have the individual complete a DMAS Authorization for Release of Information Form to be submitted along with this completed template. Please complete the questions below to aid in collecting information which may be used to develop a MFP success story.

1. MFP PARTICIPANT CONTACT INFORMATION

Name:
Phone:
Age:
Address:

2. PRE-TRANSITION PARTICIPANT INFORMATION

Why was the individual living in an institution/facility?

How long did the participant live in the institution/facility?

What were the participant’s concerns about living in an institution/facility?

Please briefly describe how the transition process worked for this individual. What type of services did the participant use? Were there any challenges?

3. POST-TRANSITION PARTICIPANT INFORMATION

Where did the participant transition? Please identify if it is a return to a home, living with family or friends, apartment, group home, etc.

How did the MFP Program assist/enable the transition? What types of supports were used?

How's life now? Please describe the participant's presence and participation in his/her new community home. Recreation/leisure, education, employment, spiritual, and transportation influences may be listed here:

How does the participant feel? Personal quote(s) from the participant may be listed here:

Personal quote(s) from the participant's family member/friend may be listed here:

- 1. Name:
Relationship to Participant:

Personal quote(s) from the participant's family member/friend may be listed here:

- 2. Name:
Relationship to Participant:

4. TRANSITION COORDINATOR/ CASE MANAGER INFORMATION:

Name:
Title:
Agency:
Phone:
E-mail:

Personal quote(s) from the participant’s Transition Coordinator/Case Manager may be listed here:

THANK YOU FOR TAKING THE TIME TO SHARE THIS SUCCESS STORY WITH THE MFP TEAM. PLEASE REMEMBER TO INCLUDE A COMPLETED DMAS AUTHORIZATION FOR RELEASE OF INFORMATION FORM AND, IF POSSIBLE, A PICTURE OF THE MFP PARTICIPANT WHEN SUBMITTING THIS FORM TO IVY.YOUNG@DMAS.VIRGINIA.GOV.