



Massachusetts Money Follows the Person Demonstration Referral Form

The Money Follows the Person (MFP) Demonstration helps elders and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.

Please complete the following information to submit a referral. Please note that any field with an asterisk (*) is required.

Section 1: Applicant information

Applicant name* _____
Applicant first name* _____ Applicant last name* _____

_____ Date of birth* _____ MassHealth ID (must be 12 digits)

_____ Phone number* _____ Email address

_____ Current facility type _____ Facility name

Address* _____
Address Line 1*

_____ Address Line 2

_____ City* _____ State* _____ ZIP code*

_____ Facility phone number _____ Facility contact name

_____ Admission date _____ Gender Identity

_____ Preferred spoken language _____ Preferred written language

Does the applicant need an interpreter? Yes No

Section 2: Guardianship

Does the applicant have a legal guardian?* Yes No

If Yes, please fill in the following fields in Section 2.

_____ Legal guardian first name		_____ Legal guardian last name	
Address _____ Address Line 1			
_____ Address Line 2			
_____ City	_____ State	_____ ZIP code	
_____ Legal guardian phone number		_____ Legal guardian email address	

Section 3: Who is filling out this form?

_____ Submitter name* Submitter first name*		_____ Submitter last name*	
_____ Relationship to applicant*		_____ Title	
Submitter Address* _____ Address Line 1*			
_____ Address Line 2			
_____ City*	_____ State*	_____ ZIP code*	
_____ Submitter phone number*		_____ Submitter email address*	

Is referral due to MDS Section Q? Yes No

Is applicant aware of this referral?* Yes No

Section 4: Is the applicant already working with a state agency?

If known, please complete the following:

Agency

Agency Contact Name

First name

Last name

Agency Contact Address

Address Line 1

Address Line 2

City

State

ZIP code

Agency Contact Phone

Agency Contact Email

To submit this Referral Form to the MFP Demo program, fill out this form, save it, and email it to the MFP Project Office at MFP@mass.gov. The Subject line should be MFP Demo Referral.

Please note: If you are a state agency or organization sending on behalf of the applicant, be sure to send the email securely and in compliance with any applicable privacy laws.

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