New York State Department of Health
Division of Long Term Care

COMMUNITY TRANSITIONAL SERVICES (CTS) DESCRIPTION AND COST PROJECTION
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER
TRAUMATIC BRAIN INJURY (TBI) and NURSING HOME TRANSITION AND DIVERSION (NHTD)

[ ] NHTD Waiver   [ ] TBI Waiver   Referral #: ________________

Applicant Name: ____ CIN: ______________________

1. Describe each component of the Community Transitional Services being requested and explain how the Community Transitional Services will contribute toward the applicant's re-entry into the community. (Apartments for which a security deposit is being requested must have a monthly rent within Fair Market Rate (FMR) if the applicant is seeking a housing subsidy from waiver.)

2. Describe the applicant's ability to make monthly rental payments and meet other costs for maintaining the dwelling (utility, heat, telephone).

COMMUNITY TRANSITIONAL SERVICES (CTS)
DESCRIPTION AND COST PROJECTION (cont'd)

3. Total CTS funds requested (autofills from attached page 3) $ ______________

Applicant Signature: ____Date: ________

Guardian Signature, if applicable: ______________________________________ Date: ________

CTS Provider: ______________________________Provider ID#: ________________________

Contact Person: ____

Signature: ____

Service Coordinator: ____

Signature: ____Date: ________

Regional Resource Development Specialist (RRDS): _________________________________

Signature: ____Date: ________

☐ Approved ☐ Denied
Reason for denial:

COMMUNITY TRANSITIONAL SERVICES (CTS)
DESCRIPTION AND COST PROJECTION (cont'd)

1. Funds needed to secure an apartment:

Address: ____Apartment #: ______________

Landlord: ____Telephone: _______________

Landlord Address: ____

# of people sharing cost of residence: _____ Total Security Deposit: $______ Brokers Fee:$_______
Please describe living situation:

Total monthly rent: $______________________ **CTS portion of security deposit** $________

2. Utility Set-up

Utility Company (Heating): _____________________________ Account #: ________________________

# of people sharing residence: ____ Total Set-up Fee: $____ **CTS portion of Set-up Fee** $________

Utility Company (Electricity): ___________________________ Account #: _________________________

# of people sharing residence: ____ Total Set-up Fee: $____ **CTS portion of Set-up Fee** $________

Utility Company (Phone): _____________________________ Account #: _________________________

# of people sharing residence: ____ Total Set-up Fee:$____ **CTS portion of Set-up Fee** $________
Total $________

3. Other Expenses

Cleaning/Pest Control Company: ____

Address: _______________________________________Telephone: _____________________________

Purpose: ____

# of people sharing residence: ____ Total Set-up Fee: $_________ **CTS portion of Fee** $_________

Moving Company: ____ $ _______________
Fee

Address: _______________________________________Telephone:______________________________

4. Total Cost Essential Household Furnishings (from Page 4) $ _______________
Amount

Total Community Transitional Services Requested $ +______________
(not to exceed $8,000)

Project Management Cost for Community Transitional Services Provider $ +______________
(explanation attached)

TOTAL $ _______________

COMMUNITY TRANSITIONAL SERVICES (CTS)
DESCRIPTION AND COST PROJECTION (cont'd)

Essential Household Furnishings

Please list the requested items and the cost of each item. Applicants must explore all other available resources before applying for CTS funds. Only necessary household goods are covered by this service. Items **not** allowed include diversional or recreational items, such as televisions, VCR/DVDs or music systems.

ITEM:	AMOUNT:
Bathroom Set-Up	
Bed:	
Chair	
Chest of Drawers	
Cleaning Utensils	
Clock	
Coffee Table	
Couch	
Dishes, Bowls	
Fire Extinguisher	
First Aid Kit	
Kitchen Table and Chairs	
Lamps	
Light bulbs	
Linens	
Microwave	
Night Stand	
Pots, Pans and Kitchen Utensils	
Silverware	
Waste Baskets	
Window Blinds	
Other	

***TOTAL $** ____________
(Transfer this amount to #4 Total Cost on Page 3)

***Service Limit: Maximum of $8,000 per waiver enrollment**