



Nursing Facility and Assisted Living Transition Grant Application

The Nursing Facility Transition (NFT) / Assisted Living Transition (ALT) program provides individuals currently living in a nursing facility, long term care facility, or assisted living home with the opportunity to return to a less restrictive, community-based living, environment. This may be the individuals own home or apartment or the home or apartment of family or friends. This grant may also assist with finding housing or a supportive living environment.

Program Eligibility

- Individual is 18 year of age or older.
- Currently resides and has resided in a nursing facility, long term care facility, or assisted living home for over 90 days or a hospital swing bed for more than 180 days and considers this facility to otherwise be their home.
- Individual has a desire to live in a setting outside of a nursing, long term care facility, or assisted living home.
- Has identified a barrier to moving home.
- Individual needs assistance and supports in the activities of daily living required to be independent in their desired home.
- The individual is willing to work with Center for Independent Living staff and applicable parties to complete a sustainable transition plan.

Transition Process

- The individual, legal representative, social worker, family member, or friend initiates a request to develop a transition plan to move home with their local Center for Independent Living (CIL).
- The local CIL works with the individual, long term care facility discharge planning staff, and any other individuals involved in the transition process to complete the NFT/ALT grant application.
- CIL Center staff completes a transition plan with full participation of the individual (and/or their legal guardian if appropriate) wishing to transition out of the facility. The CIL will work with the individual to develop a plan for moving home and share the plan with the individual and nursing facility, assisted living facility, or long-term care facility and any applicable parties. A completed and finalized transition plan must be in place prior to any grant purchases being made.
- Once transition plan is completed and grant is approved, the local CIL makes purchases and assists the individual with accessing other home and community-based services if needed.
- Individual moves home!
 - CIL staff will follow up with the individual for a minimum of 90 days after a transition. Frequency of contact or status will be determined on an individual basis or as agreed upon by the CIL staff and individual. This time-period may be shortened if it is determined the individual's goals have been met.

**This process may take 90 days or more to return the individual to a less restrictive setting in the community of their choice.*

Initiating Transition Services

The individual themselves or person assisting with the discharge plan and transition (care coordinator, case manager, assisted living home provider, long term care facility social worker, family member, friend) must contact the local Center for Independent Living (CIL) and request a Nursing Facility Transition/Assisted Living Transition grant.

Centers for Independent Living Contact Information:

Access Alaska Inc. (Anchorage, MatSu, Southwestern, North Slope, Fairbanks, Interior Regions)

- Phone: 1-800-770-4488 (toll free)
- Website: <https://www.accessalaska.org>
- Email: info@accessalaska.org

Arctic Access (Kotzebue, Nome regions)

- Phone: 1-877-442-2393 (Toll Free)

Independent Living Center (Kenai Peninsula, Kodiak Island, Valdez/Cordova regions)

- Phone: 1-800-770-7911 (toll free)
- Website: <http://www.peninsulailc.org>
- Email: director@peninsulailc.org

Southeast Alaska Independent Living, INC (Southeast region)

- Phone: 1-800-478-7245 (toll free)
- Website: <https://www.sailinc.org/>
- Email: info@sailinc.org

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Recipient Information

Recipient Name: _____ Date of Birth: _____

Gender: Male Female Race: _____ Medicaid Number (if known): _____

Current Health Coverage: Medicare Medicaid Private Insurance VA Other _____

Phone: _____ Email: _____

Recipient Representative (If Applicable)

Representative Name: _____

Representative Type: Guardian Power of Attorney Other _____

Address: _____

City/State/Zip: _____ Phone: _____ Email: _____

Current Facility

Name of Facility: _____

Type of Facility: Nursing Facility Assisted Living Facility Hospital Swing Bed Other _____

Physical Address: _____ City/State/Zip: _____

Discharge Contact Name: _____ Phone: _____

Email: _____

Admission Date: _____ Length of Time in Facility: _____

Anticipated Discharge Date: _____

Transitioning To

Type of Living Environment: Independent Home or Apartment Family Home or Apartment
 Less Restrictive Supported Living Environment Other _____

Physical Address: _____

City/State/Zip: _____ Mailing address the same? Yes No

If no, Mailing Address: _____

Mailing City/State/Zip: _____ Phone: _____

Email Address _____

Center for Independent Living

CIL Representative Assisting with Application Name: _____

CIL: Access Alaska Arctic Access ILC SAIL

Phone: _____ Email: _____

Eligibility and Funding Request Outline:

Individual applying for these funds has a desire to live outside of their current nursing, long term care, or assisted living facility.	<input type="checkbox"/> Yes	No
Individual applying for these funds has identified barrier(s) to moving home and needs assistance with activities of daily living required to be independent in their home.	<input type="checkbox"/> Yes	No

Estimated Items Needed for Successful Transition:

Item	Price	Vendor

*Exact items, vendor estimates, and purchase amounts will be obtained as part of the transition plan process alongside CIL staff.

Approximate Funding Amount Requested: \$ _____ ***\$3500 is the maximum award for this grant.**

I certify that the information submitted in this form is true and accurate to the best of my knowledge. It is my understanding that the items or services for which I have requested this grant are not covered by any other funding source. If approved, I understand this process may take 90 days or more to complete and I will work alongside applicable parties to develop a transition plan which is required to be completed and finalized prior to grant execution.

Applicant Signature: _____ Date: _____
 Signature of Legal Representative: _____ Date: _____

For CIL Staff Use Only:

Meets Eligibility - Approved for Transition Plan Process Does not meet Eligibility Date: _____
 Estimated Date of Transition: _____ CIL Staff Name _____
 CIL Staff Signature _____ Date: _____
 CIL Staff Title: _____

Comments: