



Transitional Living & Planning Application

Program Descriptions

Restart and TLP settings now require a one-time non-refundable program fee equal to 30% of the member's adjusted income that is due upon intake. Please note, TLP settings cannot accommodate members in wheelchairs who cannot transfer to another assistive device.

Does Member have Income: **If Yes, Amount and Source:**

Please submit a social security income verification letter with this application (if applicable), if the member does not have income please submit a letter of \$0 income on clinic letterhead verifying date spoken to member.

RESTART and TLP are short-term transitional living opportunities for up to 30-days to assist a member's transition into their next step which may include treatment or housing. RESTART is operated by RI International and TLP is operated by Lifewell Behavioral Wellness.

RESTART's goal is to provide a short-term (up to 30-days) peer supported transitional housing opportunity to members receiving assistance for serious mental illness with a focus on supporting members to develop and implement a Self-Directed Recovery Plan. Using the 5 recovery pathways (hope, choice, empowerment, spirituality, and recovery environment) Peer Support Specialists will connect with each member to create relationships that will empower them to find meaning and purpose in their recovery journey. The peer support assistance offered will support and promote recovery in all aspects of the member's life. The level and types of assistance received will depend on their needs and choices, which will be individualized and directed by each member.

- Hours of operation: 8:00 a.m. to 12:00 a.m. (until 4:30pm at two sites)
- Living skills training
- Support provided by Certified Peer Support Specialists with lived experiences
- Community support services and resources for integration back into the community
- Members will be invited to participate in several recovery opportunities including classes offered by Recovery Innovations Wellness City and Recovery Education Center and social events offered by RI's Circle of Friends

TLP-Lifewell- Transitional Living & Planning

This is a transitional living opportunity lasting **up to 30-days**. Support to find long term housing options and skill building around applying for and securing long term housing.

Personal Support Assistance is home & site-based skill building services designed to enhance independent living skills to attain community tenure. Assistance includes but is not limited to: budgeting, self-management, food preparation, transportation, assistance with self-administration of medication and wellness.

- Hours of Operation: 7:00 a.m. – 11:00 p.m.

HOW TO ACCESS RESTART/TLP-

1. The clinical team will assess the member for appropriateness/need for Transitional Living & Planning.
2. Complete application if member is in need and is appropriate for placement.
3. The clinical team will email completed and signed application to *****TLP@mercycareaz.org*****
4. The Mercy Care UM Department will process the application and inform clinical team of receipt of TLP application by email.
5. Mercy Care UM Department will refer to the appropriate agency based upon availability and inform clinical team, provider, social worker and care management if applicable.
6. Clinical team will coordinate with the provider to schedule screening/intake to the program within two (2) business days of referral.

*** This application is good for a 30-day period of time. A new application will be required if**



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**30-days have passed or circumstances have changed.
Please complete this form electronically and email to: TLP@mercycares.org**

Background Information:

Member Name:	Gender:	DOB:
AHCCCS ID:	AHCCCS T19:	SMI Status:
Does member have a Social Security Card:		
Does member have a State ID:	Does member have a Birth Certificate:	
COT:	PNO:	Clinic:
		ACT:
Does member have a Guardian:	If Yes, Name and Contact Information:	
Does Member require Special Assistance:	If Yes, Name and Contact Information:	
Clinical Director:	Clinical Director Email:	
Clinical Coordinator:	Clinical Coordinator Email:	
Case Manager:	Case Manager Email:	
Discharge Planner:	Discharge Planner Email:	
Primary Care Provider:	Phone & Fax Number:	
Member's Current Location:	Member's Prior Living Arrangement:	
Does member have any Felony Charges:	If Yes, Please Specify:	
Does member have Parole/Probation Officer:	If Yes, Name and Contact Information:	

Treatment Goals

Is Member Able To Do The Following:

Does Member require staff assistance for overnight hours:	If Yes, member not appropriate for TLP.
Is the Member Currently Prescribed Methadone? please include contact information?	If Yes, do they have an outpatient provider,
In the last 6 months any history of Passive Suicidal Ideation:	
Dress Independently:	Bathe:
	Cook:
Clean:	Shop for Food/Personal Needs:
	Use Public Transit:
Manage Finances:	Payee Information, if Applicable:



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Able to Walk Independently:

If No, What Type of Assistance is Needed:

Able to Stand Independently:

If No, What Type of Assistance is Needed:

IMPORTANT: This is a 30-day transitional program. One of the transition plans developed with the member should be achievable within 30-days. Only one (1) RBHA funded/offered service plan should be included in the transition plans identified.

Transition Planning: (only 1 option needed for Plan A)

Plan A (RBHA Funded/Offered Services)

Does the Member Require Treatment?

If Yes, Please Specify Type:

Has an Application Been Submitted to FlexCare@mercymaricopa.org:

Does the Member Need Housing?

If Yes, Please Specify Type:

Has an application been submitted to Housing@mercymaricopa.org:

Plan A (Non-RBHA Funded/Offered Services)

Other, please Specify (Might be another option from Plan B)

Plan B

Community Housing Resource Option?

Possible Community Housing Resources Might Include, but are Not Limited to the Following:

Section 8 (city specific)

Independent Living (own or shared apartment, condo, bedroom in home)

Living with Family/Friends

Shelters

Halfway Houses

Coordinated Entry

ABC/Home Inc.

Does the Member Have or Will Have In Near Future (30 days) a Housing Voucher?

If Yes, has a Permanent Supportive Housing (PSH) Community Building Provider been Selected?

If Yes, which provider has been selected?

Member Name:

Signature: _____ Date: _____

Clinical Coordinator Name:

Signature: _____ Date: _____

Clinical Director Name:

Signature: _____ Date: _____