PLANNING A SUCCESSFUL MOVE

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For additional copies please contact CCT Community Liaison at 303-866-2649 or send a request to CCT@hcpf.state.co.us

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OVERVIEW

Planning a Successful Move is the third guide in this series. This guide has multiple checklists and inventories for you to complete with your transition coordinator. Completing this section before you move provides you with an opportunity to organize and finalize all details of your move.

On the next page you will find the chart for the transition assessment planning steps. In this book you are going to cover step six highlighted in PURPLE.
**STEPS OF THE TRANSITION PROCESS**

| Step 1 | • You will be given information about services and supports available in the community from a local contact agency.  
• You will be given a "Self-Reflection Guide" to complete. |
|---|---|
| Step 2 | • You choose to explore the option of moving into the community.  
• A Transition Coordinator will be assigned to you.  
• You will be asked to sign a CCT informed consent form. |
| Step 3 | • You are given a "Plan for Community Living" guide to help you think about what you will need in the community.  
• You and your transition coordinator will decide who will be on your transition team. |
| Step 4 | • You and your transition options team will complete a transition assessment. This will involve you filling out a "General Assessment" with your transition coordinator and will also include assessments from your case manager and care providers. These assessments will identify the supports and services you are currently receiving in your facility and your needs. |
| Step 5 | • You and your transition options team will create a transition plan. This plan will list all the supports and services that you will need when you move. The transition team members will arrange for these services and supports to be provided to you. |
| Step 6 | • A discharge date will be set if the services you need and housing can be arranged in the community.  
• You will be given a "Planning a Successful Move" guide to help you think about what you need to do before you move.  
• You will fill out the "Responsibilities and Emergency Planning" guide with a member of your transition options team so that you have a record of who you need to call for different situations and emergencies. |
| Step 7 | • Your transition coordinator will assist you on moving day and will visit you during the following few weeks.  
• Your case manager will also visit you on the day of your move and for the rest of the time you are in the CCT program. |

Figure 1. Steps of Transition Process
List the tasks that you need to complete two to three months before you move, and check them off when you have done them.

Here are some suggested tasks:

**Planning Tasks**
- ☐ Meet with transition coordinator or someone you trust to start planning for your move.
- ☐ Identify possible problems such as outstanding bills, family concerns or anything that might make it difficult for you to move.

**Health Related Tasks**
- ☐ Identify the main doctor who you will go to when you move.
- ☐ Ask your other doctors or therapists if they will continue to see you when you move.
- ☐ List medical supplies or equipment you will need when you move.
Daily Living-Related Tasks

☐ Identify the things you will need help with every day, every week, and every once in a while.

☐ Decide if training or therapy would help you do more of these things on your own.

☐ If so, make arrangements to get the training or therapy.

Housing-Related Tasks

☐ Review where you want to live; identify the type of housing you would like and other preferences related to housing.

☐ If you want to share your home, consider who might be a housemate with you and meet with that person to see how well you get along.

☐ Locate your home.

☐ Get on waiting lists (for housing or help with paying for your housing).

☐ If you need your home to be modified due to a disability, find out who can help arrange for that to be done.

Transportation-Related Tasks

☐ Identify the company or people who can transport you when you live in your new home (public and senior transportation etc.).

☐ Apply for a public transportation ID card.

☐ Identify who may be able to teach you how to use transportation.

☐ Take public transportation somewhere so you are comfortable using it when you move.
**Employment-Related Tasks**

- Decide if you might be interested in getting a job sometime after you move.
- If so, decide if you may need job training.
- Find agencies or people who can help you with job training in the area you plan to move to.

**Activities-Related Tasks**

- Learn about organizations that are close to where you will live and identify which you may be interested in.
- Attend some community activities close to where you live to see what you like and what you don’t like.
- Begin to build relationships with people in the community (cashier at store, teller at bank).
- Consider a senior center or center for independent living for peer support.
- If you want, find a church, synagogue, mosque or other religious organization near your new home.

**Other Tasks**

- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
CHECKLIST: ONE MONTH PRIOR TO YOUR MOVE

List the tasks that you need to do one month before you move, and check them off when you have done them.

Here are some suggested tasks:

**Planning Tasks**

- Review your transition plan.
- Create “to-do” lists for yourself and for those helping you.
- Create a list of the people helping you, including phone numbers.
- Develop a move schedule.

**Health-Related Tasks**

- Schedule an appointment with your main doctor for one or two days after you move.
- If you see one, schedule an appointment with your counselor or psychiatrist for one or two days after you move.
- Find a drug store near your home where you can get your medications.
- If you need medical supplies, learn where you can get them once you have moved; contact the company to make sure you get them.
Housing-Related Tasks
☐ If possible, visit your new home and ask for donations of furniture or household items that you will need.
☐ Decide what you will need to buy for your home, where you can buy the items and if you can afford them.
☐ Complete a change of address form at the post office.
☐ If you will have a housemate, discuss with him or her the “do’s” and “don’ts” for how you will live together peacefully.

Transportation-Related Tasks
☐ Make arrangements to be transported from where you live now to your new home.
☐ Check the status of your state issued photo ID card.

Daily Living-Related Tasks
☐ Determine the number of hours of help that you will need.
☐ Select a provider(s) to help you.
☐ Talk to your case manager and the agency that will provide for your help to see if they agree with the number of hours you need and if they will approve them.
☐ Schedule an occupational therapy evaluation if you need equipment or modifications to your new home or apartment.
☐ If there is equipment you still need, learn how it can be paid for and where it can be purchased or rented.
Activities-Related Tasks

☐ Continue to participate in any community activities you have begun that you enjoy.

☐ If you plan to attend a day program, visit the day program.

Employment-Related Tasks

☐ If you have decided you would like to find a job, but need some help in preparing, work with your transition coordinator to set up a vocational evaluation to start during the first month after your move.

Personal Finance-Related Tasks

☐ If possible, resolve any personal debts you may have before you move.

☐ Determine the money that will be required for your move, such as:
  ☐ First and last months’ rent and security deposit
  ☐ Utility start-up costs
  ☐ Groceries for the first month
  ☐ Toiletry, clothing and other personal items you may need
  ☐ Pest eradication

Other Tasks

☐ ________________________________________________________________

☐ ________________________________________________________________

☐ ________________________________________________________________

☐ ________________________________________________________________
List the tasks that you need to do one week before you move, and check them off when you have done them.

Here are some suggested tasks:

**Planning Tasks**
- Review your plan and “to-do” list.
- Review your move schedule.
- Create an emergency contact list and give copies to key people in your life.

**Health-Related Tasks**
- If you are on Medicare, review prescription plans and sign up for the one that will best suit your needs.
- Check that any supplies and equipment you may need will be delivered to your home on time.
- If you need a hospital bed, set a date for it to be delivered to your new home.
- Check to ensure that you will have medications for the first few days after your move (Ask your current living facility if someone there can help with this).
- Notify your doctors and other insurance companies of the date you will be moving and of your new address.
Housing-Related Tasks

☐ Set up your utilities and phone services.
☐ Move most of your belongings to your new home, if possible.
☐ Apply for LEAP or other utility assistance, if needed.
☐ Review and prioritize what still needs to be done.
☐ Complete a change of address form with the Post Office.

Daily Living-Related Tasks

☐ Set up a schedule for personal assistance. List the things you need your personal assistant to help you do.
☐ Finalize arrangements with the agency in charge of personal assistance and with the provider you selected.
☐ Complete an application for food stamps.

Personal Finance-Related Tasks

☐ Notify the Social Security Administration, Medicaid worker, bank and other places of your new address and date you are moving.
☐ Review your budget.
☐ Set up a bank account near your new home.

Other Tasks

☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________
CHECKLIST: ONE OR TWO DAYS PRIOR TO YOUR MOVE

List the tasks that you need to do one to two days before you move, and check them off when you have done them.

Here are some suggested tasks:

Planning Tasks
- Make a shopping list for food and personal items.
- Decide who will do the shopping.
- Review your move schedule and update your “to-do” list.

Health-Related Tasks
- Confirm that supplies and equipment have been delivered.
- Confirm that prescriptions or medication supply for the first few days will be ready to take with you.
- Fill and obtain prescriptions, if possible, before you move.

Housing-Related Tasks
- Confirm your electricity, phone and other utilities have been hooked up.

Transportation-Related Tasks
- Confirm your transportation to your new home.

Other Tasks
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
What daily living tasks (such as getting in and out of bed, getting dressed or undressed or fixing your meals) will you need help with when you move.

List them here

1. ________________________________________________________________
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12. _______________________________________________________________
13. _______________________________________________________________
14. _______________________________________________________________
15. _______________________________________________________________
HEALTH INVENTORY: SUPPLIES AND MEDICAL SUPPLIES

What medical supplies and equipment will you need when you move?

List them here and check them off when you have them

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2. _______________________________________________________________

3. _______________________________________________________________

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7. _______________________________________________________________

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12. _______________________________________________________________

13. _______________________________________________________________

14. _______________________________________________________________

15. _______________________________________________________________
What housing supplies will you need when you move?

**List them here and check them off when you have them**

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15.
SHOPPING INVENTORY

What food, household items (such as paper towels, toilet paper, trash bags) and personal items (such as shampoo, soap, toothpaste) will you need when you move?

List them here and check them off when you have them

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
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7. ________________________________________________________________
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9. ________________________________________________________________
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15. ________________________________________________________________
TO DO LIST

Use the lines below to list any additional tasks.

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2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
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8. ________________________________________________________________
9. ________________________________________________________________
10. _______________________________________________________________
11. _______________________________________________________________
12. _______________________________________________________________

☐ After completing this guide:
   I do not have any questions or concerns about moving. Continue on to Emergency Planning Guide.

☐ After completing this guide:
   I do have questions and concerns about moving. I would like to take more time to decide if moving is the right choice for me at this time.