

"Moving Into the Community: Strategies to Help Individuals Make the Transition"

Mike Auberger

GETTING SOMEONE OUT OF A NURSING HOME OR OTHER INSTITUTION-  
SCENARIO

1. If no one contacts us ( a relative, a social worker, an aide, or a friend) with the name of a person who wants to get out of the nursing home then -----
2. One of our organizers goes into the nursing home. They start talking to people at the front door. Many people hang around the front door to smoke as they say "What else have you got to do in a nursing home?" You can start a conversation immediately by offering them a cigarette, and a light. The organizer talks about how they used to be in a nursing home, but now they have their own place with attendant services. They ask the person if they like it in the nursing home, or had they ever thought about living in the community. Some people say they have someone getting them out. In that case we give them our card and say "Great! Good Luck! Call us if you need anything when you get out or if your help doesn't come through". Some people will say "I can't". You ask why. You can try to talk about being in that same situation, give suggestions, and leave them a card or brochure, tell them to call you, and look them up the next time you go. And some people will say "yes". The organizers will talk to them for a while, give them a card and brochure, and tell them to call for an interview, or someone will contact them for an interview. (Remember: some people have memory loss, they can't get to a phone, or they lose the card, or someone takes it.) So you must initiate the follow-up. Don't make promises you can't carry through with.
3. The interview We go to them, bring them to us preferably somewhere with some privacy from nursing home ears. We are very straight. We ask questions like what is their disability? How did it happen? When? What have you done since? Have you ever lived on your own since? What did you do before? Have you been married? Do you have any dependents? Where are they? Do you have a payee? A guardian? What will you do if you move out on your own? How will you spend your day? Do you have any money? What benefits are you on? Do you have anything to set up a house with? What kind of things will you need if you are living in your own apartment? There are no wrong answers to these questions. They only give you some insight about the person. If the person has told you they want to move out that is all you need. I have them sign a request for a TPQY from Social Security to have proof of their benefits. (Many people don't know what they are on or how much since the nursing home gets all but \$30.00 of it.) If the person says the disability occurred because of alcohol or drugs you can ask if they are dealing with it. Again it only gives you insight. Your goal is to make this a successful move. Mental health issues are something else to look for. With both of these you can suggest supports for the person. If the person has a guardian, are they in support of this move? You need to communicate and verify this with the guardian. If they do not support it, is the person willing to go to court and get rid of this guardian? After all of this you can get specific and talk about what kind of attendant services and how much they will need. Use common sense and pad it to make sure they will have plenty. Can they manager their own money? Then you can talk about where they want to live and transportation (which normally we suggest learning to ride the bus.) We also discuss equipment like power chairs, hospital beds, life lines, and if they are happy with their doctor or would like to change.

ATLANTIS COMMUNITY, INC.  
RE-ENTRY INTAKE FORM

PART I

Application Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
A. Mailing Address (if different) \_\_\_\_\_  
B. Previous Address (if less than 2years) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ DOB: \_\_\_\_\_  
PRIMARY/SECONDARY \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Disability: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date Disability Occurred: \_\_\_\_\_  
PCP/PCP Phone #: \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Medicare # : \_\_\_\_\_ Medicare A \_\_\_ Medicare B \_\_\_  
Private insurance: \_\_\_\_\_ Other \_\_\_\_\_  
Guardian's name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact/follow up Advocate's Name/Organization  
#1 - date : \_\_\_\_\_  
#2 - date: \_\_\_\_\_  
# 3 - date: \_\_\_\_\_

METHOD/INFORMED

- 1. IN PERSON            3. TESTIMONY    5. BRAILLE                    8. LANGUAGE inter
- 2. IN WRITING (BOOK)    4. VIDEO                    6. INTERPRETER/SIGN

I have been informed and understand that I have the right to live in the most integrated setting (my home/institutional setting).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CHECK ONE

I am interested in living in the community. \_\_\_\_\_  
I am presently not interested in living in the community. \_\_\_\_\_

Materials left: \_\_\_\_\_

additional comments on back:

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RE-ENTRY INTAKE FORM

PART II

BENEFITS:

- 1. SSI \_\_\_\_\_ Amount \_\_\_\_\_
- 2. SSDI \_\_\_\_\_  
Amount \_\_\_\_\_
- 3. PAS \_\_\_\_\_ PAS Expiration Date \_\_\_\_\_
- 4. OAP \_\_\_\_\_ Amount \_\_\_\_\_
- 5. AND \_\_\_\_\_ Amount \_\_\_\_\_
- 6. HCA \_\_\_\_\_ Amount \_\_\_\_\_
- 7. SALARY \_\_\_\_\_ Amount \_\_\_\_\_
- 8. VA \_\_\_\_\_ Amount \_\_\_\_\_
- 9. FOOD STAMPS \_\_\_\_\_ Amount \_\_\_\_\_
- 10. OTHER \_\_\_\_\_ Amount \_\_\_\_\_

SEX: M F Ethnicity (Optional) \_\_\_\_\_

Payee Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_

Marital Status: (Circle One) Single Married Divorced Widowed  
Separated

Number of Dependents: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Dependent(s):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

(If more than three - please list below)

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RE-ENTRY INTAKE FORM

PART III

Date/Location of Last Hospitalization:

\_\_\_\_\_

In case of emergency contact:

Name/Relationship:

\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship:

\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Attendant Service:

Name of Agency:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Services Desired:

- Attendant Visits \_\_\_\_\_
- Medication Monitoring \_\_\_\_\_
- Learning Center \_\_\_\_\_
- Housing \_\_\_\_\_
- Financial Management \_\_\_\_\_
- Grocery Shopping \_\_\_\_\_
- Transportation Training \_\_\_\_\_
- Benefits Coordination \_\_\_\_\_
- Advocacy \_\_\_\_\_
- Other: \_\_\_\_\_

SEE CHECK LISTS



Bowel Programs:

When:

Showers:

When:

Meal Preparations:

Organizing:

Working Phone  
Service:

Working Utilities:

Medical Equipment:

If anything is missing, or needed, please return this form, or call the office immediately  
303/733-9324 and talk to Babs, Frank, Tisha, or Cindy

CHECK LIST FOR NEW CLIENTS HOME

NAME: \_\_\_\_\_

Item: X: Item: X:

Bed

Food

Kitchen Table

Toilet Needs

Television

Paper Towels

Phone

Soap (Bathing)

Pillows

Toothpaste

Blankets

Laundry Soap

Sheets

Cups

Towels

Glasses

Wash Clothes

Furniture

Dish Rags

Trash Cans

Trash Bags

Broom

Mop

Vacuum

Cleaning Supplies

Dish Soap

Plates

Bowls

Cooking Utensils

Silverware