



TRANSITION MANAGER CHOICE FORM



PARTICIPANT NAME: _____ DATE: _____

Directions:

1. Make your selection from the enclosed list
2. Write the name of the Transition Manager chosen
3. Sign and date the bottom of the form
4. Fax, Mail, or email the form to IHC Medicaid
5. Call Idaho Home Choice if you have any questions:

Tammy Ray (208)364-1889

Sarah Spaulding (208)287-1172

Fax: (208)332-7283

Email: IHCMFP@dhw.idaho.gov

Transition Manager: _____

My signature below confirms that I have reviewed the Transition Manager Choice List and have chosen the Transition Manager written above.

Participant Signature: _____ Date: _____