

## California Community Transitions (CCT) Enrollee Information Form

CCT Lead Organization

Form Completed by

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### Medi-Cal Member's Information:

1. First Name
2. Last Name
3. Date of Birth
4. Medi-Cal Number
5. Was this member referred to your organization because of his/her response to MDS Section Q?    Yes        No
6. Target Population (Select all that apply)
  - Elderly
  - Physical Disability
  - Mental Illness
  - Developmental Disability



*Member's Name:*

**12.** Date of Admission to the Facility

**13.** Name of the Facility

**14.** Facility's Physical Address

Street

City

State

Zip Code

**15.** Contact at the Facility

Contact's Name

Contact's Title

Contact's Phone Number

**16.** Member's Primary Care Physician (PCP)

PCP's Name

PCP's Phone Number

**17.** Has the member continuously resided in an inpatient facility for at least 90 days or longer, not including days (s)he was in the institution for the sole purpose of receiving short-term rehabilitation services that are reimbursed under Medicare?

Yes      No

**18.** Has the member received Medi-Cal benefits for inpatient services in a qualified institution, for at least one (1) day?      Yes      No

Member's Name:

19. Has the member ever been enrolled in CCT in the past?    Yes            No

If "**Yes**," go to question 19 a.

If "**No**," skip to the final statement at the bottom of this page.

19 a. Did the former CCT Enrollee transition to the community in the past?

Yes            No

If "**Yes**," go to question 19 a-1.

If "**No**," go to question 19 a-2. and 19 a-3.

19 a-1. Did the former CCT Participant complete the entire  
365-day period of participation?    Yes            No

Note: LOs must submit a *Request to Re-enroll a Former CCT Participant* form to be considered for re-enrollment after completing the 365-day period of participation.

19 a-2. If "No," what was the reason for discontinuation?

19 a-3. What was the previous date of discontinuation?

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Date the Medi-Cal member, or his/her legal representative,  
signed the CCT Rights and Responsibilities/Consent Form

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By submitting this form, the CCT Lead Organization (LO) certifies that this member is eligible to enroll in CCT based on the federal requirements identified in the CCT LO Agreement.