



Brain Injury Association of New Hampshire

109 North State Street, Suite 2, Concord, NH 03301 • (603) 225-8400 • Fax: (603) 228-6749
Help line 1-800-773-8400 • e-mail: mail@bianh.org • www.bianh.org

Dear

Thank you for your interest in The Brain Injury Association of NH's Transition Program. This program aims to assist individuals who have experienced a brain injury or stroke, and are able to transition from a facility back into the community.

If you, or someone you know wishes to transition from a facility, we ask that you fill out the enclosed application and release form. The Transition Coordinator will contact you to further discuss how this program works.

To be eligible for the program you need be a legal resident of New Hampshire, have experienced a brain injury or stroke, and wish to explore the possibility and feasibility of transitioning into the community.

If you have any questions regarding the Brain Injury Association of New Hampshire's Transition Program, please feel free to call 603-225-8400, or 800-773-8400, ext 304.

Sincerely,

Barbara L. Howard
Transition Coordinator
Information & Resource Specialist

Enc. Application
Release



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Transition Program

The Brain Injury Association of New Hampshire is a private, non-profit, survivor, family and consumer run organization representing over 5000 NH residents who are experiencing an acquired brain injury or stroke. The Association was founded in 1983 by NH parents seeking to bring their children home from out of state facilities.

Recently, The Brain Injury Association of New Hampshire has implemented a Transition Program to their list of supports offered. The Transition Program assists individuals, who have had a neurological trauma, to transition from any facility back into their community. The Transition Coordinator works closely with the Office of the Long-term Care Ombudsman, Granite State Independent Living (GSIL), Neuro Resource Facilitator Program (NRF) and other identified community organizations to create a plan that is individualized and thorough. All participants of the plan are kept fully informed during the transition process. Post transition follow up calls and/or visits are provided in addition to necessary services as needed after transition.

Who is Eligible?

Anyone currently living in a facility or institution; has a brain injury defined as a disruption in brain functioning that, presents a severe and life-long disabling condition manifested by a decline in cognitive functioning and ability which, can be attributed to one of the following: external trauma, anoxic or hypoxic event, infectious disease, brain tumor, intracranial surgery, cerebrovascular disruption such as stroke, or toxic exposure.

What Community Services will be Explored?

Services may include, but are not limited to, securing funding and services for home modifications, personal care services, homemaker services, transportation to appointments, housing needs, healthcare needs, general moving needs, and other supports as identified for the individual.

How can a Referral be made?

Referrals to the Transition Program can be made by individuals, family members, facility staff, advocates, or medical staff. Referrals can be made by calling or emailing:

Barbara Howard

Barbara@Bianh.org

603-225-8400, ext 304



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TRANSITION PROGRAM

Name: _____ E-Mail Address: _____

Address: _____ Date of Birth: _____

_____ S.S. #: _____

Phone Number: _____

How did you receive your injury? _____

Date of your injury: _____

How old were you at the time of your injury? _____

Guardian/Contact Name: _____

Phone #: _____ Best Time to Call: _____

Relationship: _____

Are you receiving Area Agency Services? Y N

Have you ever served in the Military or National Guard? Y N

Doctors/Facilities Attended:

Name Address Phone #

Benefits you are receiving:

SSDI	Y	N	Medicaid	Y	N
SSI	Y	N	Medicare	Y	N
APTD	Y	N	Private Ins	Y	N

I need assistance with (circle all that apply):

**Benefits
Housing
Advocacy
Financial Assistance
Transportation
Legal
Employment**

**Respite
Day Services
Therapy
Counseling
Doctors
Other: _____
_____**

How did you hear about this program? (please circle one)

**Called the office
Training/Workshop
Flyer
Social Worker/Case Manager
Someone Else**

Is someone filling out this form on your behalf? Y N
If yes, who? _____

I understand that a referral has been sent to the Brain Injury Association of NH for the Transition Program. I understand that signing this form does not mean that I need to Participate in the program and that I am not guaranteed transition to the community.

Individual or Guardian Signature _____

Is there anything you would like us to know?



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Transition Program PROFESSIONAL AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ authorize the Brain Injury Association of NH
(Individual's Name/Guardian)
to review and obtain copies of all medical, hospital or other pertinent records or information in
order to assist in providing transition services and in developing a service plan for

Individual's Name

SS#

DOB

I authorize the Brain Injury Association of NH to share information received with any institution that
through a private or public funded program is a consideration for or is actually paying for all or part
of my program.

I also give permission to discuss any medical, hospital or other pertinent records or information
with any contact you provide to us to assist in seeking services and payments for such services.

I have had this form read and explained to me and understand its contents. I agree that a photocopy
of this authorization be accepted with the same authority as the original.

I permit the use of facsimile or other electronic devices in transferring my records as needed.
Sender assures all due care to protect confidentiality of records in using electronic devices.

This consent shall expire on _____

Signed _____ Date _____
Self/Guardian

Guardian's Phone Number _____

Individual's Address _____

Individual's Phone Number _____

Witness _____

Relationship _____