



**BRAIN INJURY  
ASSOCIATION**  
**OF NEW HAMPSHIRE**

52 Pleasant Street  
Concord, NH 03301

Dir: (800) 773-8400  
Tel: (603) 225-8400  
Fax: (603) 228-6749  
E-mail: [mail@bianh.org](mailto:mail@bianh.org)

## **Transition Program**

The Brain Injury Association of New Hampshire is a private, non-profit, survivor, and family run organization representing over 15,000 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.

In 2009, The Brain Injury Association of New Hampshire added a Transition Program to their list of offered supports. The Transition Program specializes, but is not limited to helping those with a diagnosis of brain injury, MS, Huntington's, or Stroke. Assistance to any individual with health issues to transition from any facility back into their community is available. The Transition Coordinator works with individuals to carry out their discharge plan. Participants work in collaboration with the Transition Coordinator and their team to ensure a successful transition. Post transition follow-up calls and/or visits are provided.

### ***Who is Eligible?***

Anyone whom is: a New Hampshire resident; living with a health issue, and/or individuals participating in the Community Passport or Choices for Independence Programs of the Bureau of Elderly and Adult Services of NH.

### ***What Community Services will be Explored?***

Services may include, but are not limited to, exploring funding and resources for home modifications, personal care services, homemaker services, transportation coordination, housing needs, healthcare 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 visiting [www.Bianh.org](http://www.Bianh.org), 603-225-8400 or 1-800-773-8400 (NH only)



How did you hear about the Transition 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 Resource Facilitation Program. I understand that signing this form does not mean that I have to participate in the program.

Individuals/Guardians Signature \_\_\_\_\_

Is there anything you would like us to know?

