

Residential Placement Referral

Support Coordinator:					
Agency:					
Address:					
Telephone Numbers	Home:		Office:		Pager/ Mobile:
Consumer:					
Date of Referral:					
District/ Region:					

Checklist for Referral Packet

	<u>Completed Residential Placement Referral form.</u>
	Copy ICG
	<u>Current Support Plan</u> and the <u>Support Planning Information.</u>

Additional documents as follows:

	Psychological Evaluations
	Psychiatric Evaluations
	Critical Medical Reports
	Skills Assessments
	Behavioral Assessments
	Other (Specify)

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1. Consumer:					Age:		DOB:	
2.. Legally Competent Adult:			Yes		No			
If no, guardian's name and relationship								
3. Reason for Current Referral (brief History, description of current situation and presenting problems:								
4. Level of Mental Retardation if applicable:								
	Mild		Severe		Moderate		Profound	
5. Important Medical issues (describe, if any, i.e., seizure disorder, heart problems, diabetes, hypertension, etc.):								
Ambulation status:						Height:		
Allergies:						Weight:		
Special Diet:								
Vision:						Hearing:		
6. Physical Handicaps (describe, if any):								

7. Behavioral Issues (Describe, if any, i.e., non-compliance, verbal aggression, physical aggression, etc. Identify any significant behaviors which could pose a risk to other residents in a group setting.):

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8. Previous Residential Placement History if available, provide facility names, dates of placements, and reason(s) for withdrawal):

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9. ICG Completed:

Score:		Functional		Behavior		Physical		Overall
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For **behavioral** scores of 3,4, or 5:

Behavioral Assessment Completed:		Yes		No	
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If no, what is the status:

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If yes, attach assessment.

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Reviewed by Local Review Committee:		Yes		No	
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LRC Recommendations:

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For **Physical** scores of 3,4, or 5:

Nursing Assessment Completed:		Yes		No	
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If no, what is the status:

If yes, attach assessment.

10. Medicaid Wavier Status: Check all that apply.

	On MW cap		Ineligible for Medwaiver cap	Date:	
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	Referred for crisis funding	
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	Eligible for Medwavier funding	
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11. Adaptive Skills Assessment (Check appropriate column):

	Independent	Requires Assistance	Dependant
Basic Skills			
Eating			
Toileting			
Personal Hygiene			
Dressing			
Receptive Communication			
Expressive Communication			
Ability to Evacuate			

Comments:

12. Consumer/ Family requests placement in

	Local County only: (specify county)	
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	Within region	
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	Anywhere in state	
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