**Group Home Referral Response Form**

Please Return Within 7 Days

Email: Residential.Referrals@apdcares.org

Consumer:

Group Home:

\_\_\_\_\_\_\_\_\_\_ We will be able to accept

\_\_\_\_\_\_\_\_\_\_ We will not be able to accept because:

Please provide a written respond for denial reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature** **Date**

**Thank you for returning this form in a timely manner it helps us keep the referrals moving along and our consumers get settled as soon as possible.**

# TO:

# FROM: ,Residential Planner,

# Agency for Persons with Disabilities

SUBJECT: Referral for placement

Enclosed is a referral for.

We would like for you to consider \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_ Group Home.

Please review the packet carefully and always consider the other residents in your home when adding to your current “family”. You always want to make sure that you will be able to safely meet the needs of the consumers you agree to provide for. Remember every move can be traumatic.

In order to arrange an assessment and obtain additional information, please contact the Waiver Support Coordinator:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Agency | Wk. Phone | Cell Phone | Email  |
|  |  |  |  |  |

Note to Support coordinators and vendors: This referral does not signify funding is available for placement. The support coordinator must obtain assurance of funding before final arrangements are made.

**Please notify me within 7 working days if you can provide services for this consumer.**

Thank You