Residential Referral Form

Submit Referral to Residential.Referrals@apdcares.org

CONSUMER INFORMATION					
First Name:	Client First Name	**Last Name:**	Client Last Name	**MI:**	MI
PIN:	Client's PIN	**Ref. Date:**	Click or tap to enter a date.		
Region:	Choose an item.	**County:**	Click or tap here to enter text.		
DOB:	Click or tap to enter a date.	☐ **Female**		☐ **Male**	

☐ **Minor**	☐ **Deemed Incompetent**
☐ **Adopted (Minors only)**	☐ **393.11**
☐ **Substance Abuse Issues**	☐ **Registered Sex Offender**
☐ **Under Active Court Order**	☐ **SAN Submitted?** **Submitted Date:** Enter a date.

Qualifying Diagnosis: Click or tap here to enter text.

LEGAL REPRESENTATIVE					
First Name:	Click or tap here to enter text.	**Last Name:**	Click or tap here to enter text.	**MI:**	MI
Contact Type:	Choose an item.	**Cell #:**	Click or tap here to enter text.		
Home Ph. #:	Click or tap here to enter text.	**Email:**	Click or tap here to enter text.		
Addr. Line 1:	Click or tap here to enter text.	**Addr. Line 2:**	Click or tap here to enter text.		
City:	Click or tap here to enter text.	**State:**	State	**ZIP:**	ZIP

If Contact Type is Other, provide details: Click or tap here to enter text.

COORDINATOR INFORMATION			
Coord. Type:	Choose an item.	**Email:**	Click or tap here to enter text.
First Name:	Click or tap here to enter text.	**Last Name:**	Click or tap here to enter text.
Off. Ph. #:	Click or tap here to enter text.	**Cell #:**	Click or tap here to enter text.

QSI INFORMATION					
QSI Date	Date			**Overall Score**	Score
Functional Score	Score	**Behavioral Score**	Score	**Transfer Score**	Score
Physical Score	Score	**Hygiene Score**	Score	**Self-Protection Score**	Score

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CURRENT PLACEMENT			
Placement Type:	Choose an item.	**Placement Level:**	Choose an item.
Behavior Analyst Name:	Click or tap here to enter text.	**Reason for New Placement Request:**	Choose an item.
Placement Request Note:	Click or tap here to enter text.		
Behavior Assessment Status: (For IB or BF Clients only)	☐ Has NOT Been Requested ☐ Behavior Assessment Scheduled ☐ LRC Review Scheduled	☐ Has Been Requested ☐ Behavior Assessment Available ☐ LRC Recommendation Available	

HISTORY OF PRIOR PLACEMENTS (Include current and previous two years)

Click or tap here to enter text.

ADAPTIVE SKILLS			
Ability to Evacuate:	Choose an item.	**Receptive Communications:**	Choose an item.
Expressive Communications:	Choose an item.	**Eating:**	Choose an item.
Dressing:	Choose an item.	**Toileting:**	Choose an item.
Personal Hygiene:	Choose an item.		

Helpful Comments: Click or tap here to enter text.

NEEDS AND ACCOMODATIONS							
Height:	Feet:	Feet	Inches:	Inches	**Weight:**	Click or tap here to enter text.	
Vision:	Choose an item.				**Hearing:**	Choose an item.	
Select all applicable needs:	☐ Allergies	☐ Ambulation	☐ Aspiration Precaution				
	☐ Behavioral Issues	☐ Chronic/ Important Issues	☐ Nursing				
	☐ Physical Handicaps	☐ Special Diet	☐ Other Needs / Concerns				

Medical Health Diagnosis: Click or tap here to enter text.

Mental Health Diagnosis: Click or tap here to enter text.

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NEEDS AND ACCOMMODATION DETAILS

Allergy Details: Click or tap here to enter text.

Ambulation Details: Click or tap here to enter text.

Behavioral Issue(s) Details:
Click or tap here to enter text.

Behavioral Service Plan in Place? Choose an item.

Chronic/ Important Issue(s) Details:

- ☐ Cardiovascular System: (heart, arteries, blood vessels)
- ☐ Endocrine System: (thyroid, pancreas, parathyroid, adrenals, pituitary, hypothalamus, thymus, ovaries, testes)
- ☐ Hematology/Immune System: (blood, spleen, lymph glands, bone marrow)
- ☐ Musculoskeletal System: (connective tissue, muscles, bones)
- ☐ Respiratory System: (nose, trachea, lungs)
- ☐ Digestive System: (mouth, teeth, stomach, liver, gall bladder, bowel)
- ☐ Genitourinary System: reproductive/sexual organs, kidney, bladder)
- ☐ Integumentary System: (skin, connective tissue, mucus membrane)
- ☐ Neurological System: (brain, spinal cord)
- ☐ Diagnosed Genetic Disorder(s)
- ☐ Other Chronic Health Concerns

Enter Details for Other Chronic Health Concerns: Click or tap here to enter text.

Other Helpful Details: Click or tap here to enter text.

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DESIRED PLACEMENT					
Placement Type:	Choose an item.		**Placement Level:**	Choose an item.	
Statewide?	☐				
Central:	**All Counties?** ☐				
	☐ Brevard	☐ Citrus	☐ Hardee	☐ Hernando	☐ Highlands
	☐ Lake	☐ Marion	☐ Orange	☐ Osceola	☐ Polk
	☐ Seminole	☐ Sumter			
Northeast:	**All Counties?** ☐				
	☐ Alachua	☐ Baker	☐ Bradford	☐ Clay	☐ Columbia
	☐ Dixie	☐ Duval	☐ Flagler	☐ Gilchrist	☐ Hamilton
	☐ Lafayette	☐ Levy	☐ Madison	☐ Nassau	☐ Putnam
	☐ St. Johns	☐ Suwannee	☐ Taylor	☐ Union	☐ Volusia
Northwest:	**All Counties?** ☐				
	☐ Bay	☐ Calhoun	☐ Escambia	☐ Franklin	☐ Gadsden
	☐ Gulf	☐ Holmes	☐ Jackson	☐ Jefferson	☐ Leon
	☐ Liberty	☐ Okaloosa	☐ Santa Rosa	☐ Wakulla	☐ Walton
	☐ Washington				
Southeast:	**All Counties?** ☐				
	☐ Broward	☐ Indian River	☐ Martin	☐ Okeechobee	☐ Palm Beach
	☐ St. Lucie				
Southwest:	**All Counties?** ☐				
	☐ Miami-Dade	☐ Monroe			
Suncoast:	**All Counties?** ☐				
	☐ Charlotte	☐ Collier	☐ DeSoto	☐ Glades	☐ Hendry
	☐ Hillsborough	☐ Lee	☐ Manatee	☐ Pasco	☐ Pinellas
	☐ Sarasota				

ATTACHMENTS			
☐	Support Plan* (required for all except CBC)	☐	Critical Medical Reports
☐	Individual Education Plan* (for minors)	☐	Psychiatric Evaluations
☐	Case Plan* (CBC)	☐	Psychological Evaluations
☐	Shelter Order* (CBC)	☐	Safety Plan
☐	Behavior Assessments* (for IB/BF clients only)	☐	Skills Assessments
☐	LRC Recommendations* (for IB/BF clients only)	☐	Other Attachments

Other Attachment Details: Click or tap here to enter text.