

# Universal Residential Referral

Date

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DOB | Sex | Medicaid ID | Funding Source/Waiver/Tier |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-------------|----------------------------|
| <p>Type of Service Requested:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Daily SCL</div> <div style="width: 25%;"><input type="checkbox"/> RBSCCL</div> <div style="width: 25%;"><input type="checkbox"/> Home-Based Hab Home</div> <div style="width: 25%;"><input type="checkbox"/> IRSH</div> <div style="width: 25%;"><input type="checkbox"/> Host Home</div> <div style="width: 25%;"><input type="checkbox"/> Child ICF/ID</div> <div style="width: 25%;"><input type="checkbox"/> Adult ICF/ID</div> <div style="width: 25%;"><input type="checkbox"/> RCF</div> <div style="width: 25%;"><input type="checkbox"/> Nursing Facility</div> </div> |     |     |             |                            |
| Desired Location/Area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |             |                            |
| Primary Disability/Diagnoses/Conditions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |             |                            |
| Current Services Utilized (Behavior Support Plan, ITABS, Center of Excellence, Provider Prevention and Support Services [PPSS], etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |             |                            |
| What level of assistance is required for ADLs (toileting, bathing, dressing, eating):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |             |                            |
| Any environmental/care needs (needs wheelchair accessible home, uses a walker, has g-tube, etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |             |                            |
| How does the individual communicate (verbal, sign-language, gestures, leading, facial expressions, AAC, etc.)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |             |                            |
| Strengths/Interests: (including strategies that are effective or what a successful provider would look like)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |             |                            |
| Areas of Need/Behavioral Concerns (please explain in detail):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |     |             |                            |
| Any legal or HHS involvement (sex offender, JCO involved, guardianship, probation, parole, CINA, court committal, etc.)? If yes, provide explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |             |                            |
| <p>Financial Source:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> SSI</div> <div style="width: 25%;"><input type="checkbox"/> Veteran's Benefits</div> <div style="width: 25%;"><input type="checkbox"/> Adoption Subsidy</div> <div style="width: 25%;"><input type="checkbox"/> Child Support</div> <div style="width: 25%;"><input type="checkbox"/> Private Pay</div> <div style="width: 25%;"><input type="checkbox"/> SSDI</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> </div>                                                                                                                                                |     |     |             |                            |

## Response By Reviewing Agency

Please email to:

- Case Management Entity/Referral Source:
- Contact Person's name:
- Email:                                      Phone:

- ☐ No, we are not interested due to
- ☐ Yes, we are interested in supporting this person. Please fill out our full referral.
- ☐ Yes, we are interested, but do not expect to have an opening until
- ☐ We may be interested, but would like more information about
- ☐ We may be interested but would need additional assistance in providing support to the individual.