

Referral Form

1. Individual Making Referral

Individual Making Referral:

Address of Individual Making Referral:

Apt. / Unit #:

Phone Number of Individual
Making Referral:

Fax:

Email:

Relation to Individual:

- Parent Grandparent Legal Guardian, Family Member Legal Guardian, Non Family Member
 Support Coordinator Educator Other Provider

2. Service Funding Source and Services Requested:

Requested Services

- Therapeutic Behavior Consultation (Medicaid Waiver - FIS and CL only)
 Physical Therapy Consultation (Medicaid Waiver - FIS and CL only)
 Assistive Technology Assessment (Medicaid Waiver or Private Pay)
 Individual and Family/Caregiver Training (Medicaid Waiver - FIS Only)
 Behavior Consultation (Private Pay) Acceptance and Commitment Training Academic Instruction
 Play and Leisure Skill Development Executive Functioning Coaching Parent Collaboration
 IEP Consultation

If this is a request for Occupational Therapy Consultation, does the individual have adequate independent hygiene skills to work in a food services environment?

- Yes No

If this is a request for an AT Assessment, please describe the products or services that are being explored and how they relate to the ISP?

3. Individual Being Referred for Services

First Name:

Date of Birth:

Last Name:

Medicaid Number (if waiver recipient):

Phone Number:

Address:

Apt./Unit #:

Guardian:

Relationship:

Guardian Mobile Phone:

Guardian Home Phone:

Guardian Email:

Address:

Apt. / Unit #:

Primary Language of Individual

Primary Language of Individual

4. Diagnoses and Other Services

Primary Diagnosis

Other Diagnosis 1

Other Diagnoses

Other Treatments and Services Currently Being Utilized (Check all that apply)

- Personal Assistance
- Respite
- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Outpatient Counseling
- Group Counseling
- Companion Services
- REACH
- Group Day Services
- Group Supported Employment
- Individual and Family/Caregiver Training
- Individual Supported Employment
- In-Home Support Services
- Workplace Assistance
- Residential Services

Other Diagnoses

5. Preferred Items, Activities, and Environments:

Aversive Items, Activities, and Environments:

6. Making Requests - How does the individual make requests for highly preferred items and activities?

- Makes requests for 10 or more preferred items or activities without prompts using an effective method of speaking.
- Makes requests for 1-3 preferred items and activities with or without prompts
- Makes requests by exhibiting bothersome, disruptive, or dangerous behavior
- Makes requests by leading others to items

Comments or Additional Information

7. Waiting - How does the individual wait when access to items or activities is delayed after a request?

- Waits for 20 minutes without complaints
- Waits for 1 minute with complaints or other minor disruptions
- Waits for 5 minutes without complaints
- Exhibits bothersome, disruptive, or dangerous behaviors when access is delayed after only a few seconds

Comments or Additional Information

8. Accepting Removals, Making Transitions, Sharing, and Taking Turns - How does the individual accept the removal of preferred items and activities by persons in authority or peers, make transitions from preferred activities to non-preferred activities, and share or take turns?

- Accepts the removal of items, transitions, shares, and takes turns without complaints.
- Makes complaints when preferred items or activities are removed, during transitions, or during required sharing or taking turns.
- Complains when preferred items or activities are removed, during transitions, or when required to share or take turns, but only with highly preferred items or activities.
- Exhibits bothersome, disruptive, or dangerous behaviors when preferred items or activities are removed, during transitions, or during required sharing or taking turns.

Comments or Additional Information

9. Completing 10, Consecutive, Brief, Known Tasks - How does the individual respond when instructed to complete 10 different, consecutive, brief, known tasks?

- Completes 10 or more consecutive, brief, known tasks of different lengths and difficulty, without complaints.
- Exhibits bothersome, disruptive, or dangerous behaviors when directed to complete a brief, known task.
- Completes 4-6 consecutive, known tasks before complaining.
- Completes 1-3 consecutive, known tasks, before complaining.

Comments or Additional Information

10. Accepting 'No' - How does the individual respond when access to items and activities is denied after a request for that item or activity?

- Easily accepts 'No' without complaints and continues with ongoing activities.
- Exhibits bothersome, disruptive, or dangerous behaviors when told 'No.'
- Complains when motivating events are strong.
- Complains when told 'No.'

Comments or Additional Information

11. Completing Daily Living Skills Related to Health and Safety - Does the individual complete daily living skills which have an immediate impact on their health and safety? These include eating/drinking, sleeping, mobility/transportation, bathing/grooming, and safe/personal sexual behaviors in an appropriate setting.

- Completes most daily living skills related to health and safety.
- Completes only 1-3 daily living skills related to health and safety, with complaints, some resistance to prompts, or some disruptive or dangerous behaviors.

- Completes only 4-6 daily living skills related to health and safety.
- Does not complete any daily living skills related to health and safety without prompts, is resistant to prompts, and/or exhibits disruptive or dangerous behaviors.

Comments or Additional Information

12. Following Directions Related to Health and Safety - How does the individual respond to directions from others that insure safety and that permit movement throughout the community?

- Follows all directions that involve matters of health and safety without complaint or disruption.
- Follows only a few directions and requires "hands on" supervision at all times.

- Follows many directions related to safety and can be taken most places in a group of 3 with 1 supervisor.
- Does not follow any directions that involve matters of safety and cannot be taken most places within the community without disruptive or dangerous behavior, or risking safety.

Comments or Additional Information

13. Tolerating Situations Related to Health and Safety - How does the individual respond in unpleasant situations which have an immediate impact on the health and safety of the individual? These include medication, medical procedures, prosthetic/therapeutic/adapted equipment, protective equipment, and dental procedures.

- Tolerates most routine activities related to health and safety without problem behavior.
- Tolerates only 1-3 routine activities related to health and safety with some complaints, disruptive, or dangerous behaviors.

- Tolerates only 4-6 routine activities related to health and safety.
- Because of intense episodes of problem behavior, instructors and care providers occasionally avoid routine activities related to health and safety.

Comments or Additional Information

14. Other Concerns

15. Current Residential, Educational, Mental Health, Skill Building, Community Engagement, Leisure, and Job Related Services

	Service	Phone	Organization Name	Address	Contact Name	Email
1						
2						
3						

16. Current Medications - may also attach as document to the end of this referral form.

	Name	Purpose	Dosage
1			
2			
3			

17. Current Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

18. Attach copies of the ISP, school evaluations or IEP's, VIDES, SIS, Medication List, Psychology Reports, Physician Reports, Previous Behavior Support Plans, etc.....