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|  |  **Referral Form** |
| **Support Coordinator:** |  |
| **Agency:** |  |
| **Address:** |  |
| **Telephone Numbers** | **Home:** |  | **Office:** |  | **Pager/ Mobile:** |  |
| **Consumer:** |  |
| **Date of Referral:** |  |
| **Tentative Move-in Date:** |  |
| **District/ Region:** |  |
| **Checklist for Referral Packet** |
|  | Completed Residential Placement Referral form. |
|  | Copy SIS (If, available) |
|  | Current Support Plan |
| **Additional documents as follows:** |
|  | Psychological Evaluations |
|  | Psychiatric Evaluations |
|  | Critical Medical Reports |
|  | Skills Assessments |
|  | Behavioral Assessments |
|  | Other (Specify) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Consumer:** |  | **Age:** |  | **DOB:** |  |
| **2. Legally Competent Adult:** |  | **Yes** |  | **No** |  |
| **If no, guardian’s name, and relationship** |  |
| **3. Next of Kin:** |  |
| **4. Reason for Current Referral (brief History, description of current situation and presenting problems:** |
|  |
| **5. Level of Mental Retardation/ICD-10 Code if applicable:** |
|  | **Mild** |  | **Severe** |  | **Moderate** |  | **Profound** |
| **6. 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):** |
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| **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.):** |
|  |
| **8. Previous Residential Placement History if available, provide facility names, dates of placements, and reason(s) for withdrawal):** |
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| **9. Adaptive Skills Assessment** (Check appropriate column): |
|  | **Independent** | **Requires Assistance** | **Dependent** |
| **Basic Skills** |  |  |  |
| **Eating** |  |  |  |
| **Toileting** |  |  |  |
| **Personal Hygiene** |  |  |  |
| **Dressing** |  |  |  |
| **Receptive Communication** |  |  |  |
| **Expressive Communication** |  |  |  |
| **Ability to Evacuate** |  |  |  |
| **Comments:** |
|  |

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