

Staff _____ Received Date: _____
Waitlisted Approved Denied

RESTORED BRIDGES RESIDENTIAL REFERRAL FORM

Date of Referral: _____

Type of service requested:

_____ **INDEPENDENT LIVING FOR ADULTS LIVING WITH INTELLECTUAL AND/OR
DEVELOPMENTAL DISABILITIES (I/DD)**

_____ **TRANSITIONAL LIVING RESIDENTIAL PROGRAM FOR YOUNG ADULTS (18-21)
TRANSITIONING OUT OF FOSTER CARE**

Location (Facility Name/City and State): _____

REFERRER CONTACT INFORMATION

Name: _____ Phone: _____

Email: _____ Fax: _____ Address: _____

Who should we contact to start admission? _____

Preferred method of contact: _____

RESIDENT INFORMATION

Resident Full Name: _____ Birthdate: _____ Sex: M F Other: _____

Resident's primary language: _____

Does the prospective resident have health insurance? If yes, please list MCO, name and number:

Resident's current address and/or living arrangements:

Reason for Referral (Write why placement/service is needed):

Is the prospective resident ambulatory or non ambulatory (please explain)?: _____

How soon does the prospective resident need placement/service? _____

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List agencies that are currently involved with this prospective resident: _____

Please list the resident's current health providers (dental, medical doctor, therapist etc):

Is the resident currently receiving therapy? _____ Yes _____ No

Is the prospective resident under the guardianship of DSS? _____ Yes _____ No

Does the prospective resident have any allergies to general items, food, or medication? If yes, list:

Please list any medications or treatments the prospective resident currently receives: _____

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Does the prospective resident have a history of violent behavior (homicidal, physically aggressive) or sexualized behaviors (if yes, please describe)? _____

Is the prospective resident currently working, in school, volunteering or in a trade program? If no, are they interested? _____

What are the prospective residents' top 3 interests or hobbies? _____

What are the prospective residents top 3 values? _____

What makes the resident happy, angry or sad? _____

List what the prospective resident sees as their top 3 strengths: _____

What 3 things would someone who knows the prospective resident best/appreciate most about them? _____

Does the prospective resident have any unhealthy relationships they might need distance from? _____

Does the prospective resident need consistent structure and routine? _____

Does the prospective resident express a strong drive for independence? ____ Yes ____ No

Describe the respective resident's temperament and specific housing, disability and potential roommate needs: _____

Describe the residents temperament and general demeanor. What are their dislikes or triggers? _____

How important is proximity to public transportation or specific community resources? _____

Does the prospect resident have any pets? ____ Yes ____ No

Does the prospective resident smoke cigarettes? ____ Yes ____ No

Briefly describe any active/history of substance use: _____

Check applicable history: ____ Intellectual disability IQ ____ Intellectual disability IQ ____ Traumatic brain injury ____ Mental health challenge ____ Physical Disability

Check domains most impacted by prospective resident's mental health challenges: ____ Living ____ Learning/Education ____ Working ____ Social

Enter most recent, documented IQ score/level and all current clinical diagnoses for which there is documented confirmation in the individual's file or eligibility information: _____

Please describe the prospective resident's current employment situation: _____

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Please describe the prospective resident's current educational or trade status and interests: _____

Does the prospective resident receive SNAP, SIS, ANA or ONA? If yes, please list the type and rate below: _____

Resident's dietary needs/restrictions: _____

Does the prospective resident have any current legal issues? ___ Yes ___ No

Briefly describe the prospective resident's needs in at least three of following areas- Social skills (interpersonal skills, boundaries, self-esteem, social problem solving, following rules/obey laws, avoiding being victimized, elopement, challenging sexual behaviors): _____

Briefly describe the prospective resident's needs in at least three of following areas- Practical skills (personal care, laundry, occupational skills, medication management, managing healthcare, travel/transportation, schedules/routines, safety, budgeting, use phone): _____

Briefly describe the prospective resident's needs in at least three of following areas- Conceptual Skills (self-directed care, expressive language, processing and understanding concepts, following directions, emotional regulation): _____

Restored Bridges is a 24 hour residential service, but no live-in staff. However, all facilities are monitored 24/7 by security cameras. Is the prospective resident able to live safely in a home without 24 hour supervision? (Please consider if the prospective resident has basic safety awareness/self-preservation skills; any history of aggression towards others or AWOL history in the last 2 years). Please explain: _____

Briefly describe adaptive strengths used in previous living situations (i.e. can cook; groom self; clean; grocery shop; launder clothes; budget; make/keep appointments; work/volunteer/attended school; take medications as prescribed, etc.): _____

Restored Bridges requires attending group sessions and weekly individual therapy sessions with various clinical staff and following all program rules as expected. Indicate if the prospective resident agrees to this level of structure and is motivated to contribute to his/her treatment process at Restored Bridges? _____

Can the prospective resident take their own medication or will they need assistance? _____

Explain information about prospective resident's general medical needs or more intense or complex medical needs. List any medical diagnoses that may require more intensive or complex supports: _____

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Does the prospective resident have a Nursing Support Plan in place? _____

Does the prospective resident have a need for delegated nursing tasks by a RN? _____

List any durable medical equipment the person will bring with them and explain if additional durable medical equipment may be needed in the new placement: _____

Are there any medical protocols the individual currently has or needs? _____

Is the resident prone or have a history of stroke or seizures? ____ Yes ____ No
Describe needed supports briefly. What must Restored Bridges be prepared to do and how frequently. If no supports are needed, enter "independent - no supports needed." _____

Enter the average number of hours each day when the individual requires 1:1 and/or 2:1 exclusively focus staffing for Medical, ADL, or IADL supports, based on their recent functional needs assessment/s. If none are needed, enter "0". Do not leave blank. _____

Is there any information that is not listed already that is vital to the success of this placement? _____

Is there a personal message or introduction the prospective resident would like to share with us? _____

Guardian/POA Print Name Guardian/POA Signature Date

Prospective Resident Print Name Prospective Resident Signature Date

Send Release of Information (ROI) and Completed Referral to:
Email: admin@restoredbridges.com:
OR
Fax: 1-800-754-1628
Please allow up to 24-48 hours for referral to be reviewed