Department of Health & Human Services Division of State Operated Healthcare Facilities Developmental Centers

| evelopmental Centers | | | | |
|---|---|---|-----------------|---------------------|
| | Referral for | r Admission | | |
|] Statewide Programs – N | lurdoch Developmental Center | 🗌 PATH | | RS |
|] Western Region – J. lve | rson Riddle Developmental Cen | ter 🗌 Adult IC | CF 🗌 Resp | ite |
|] Central Region – Murdo | ch Developmental Center | 🗌 Adult IC | CF 🗌 Resp | ite |
|] Eastern Region – Caswe | ell Developmental Center | 🗌 Adult IC | CF 🗌 Resp | ite |
| MCO: | | MCO Contact: | | |
| County of Residence: | | Telephone: Email Address: | | |
| ECTION I: APPLICANT IN | IFORMATION | Date of F | Referral: | |
| Previous Admission(s)/D | ate(s): | | | |
| lame: | | | | |
| Last | First | Middle | Prefe | erred Name |
| urrent or Most Recent Liv | ring Environment: | Innov | vations Waiver: | 🗌 Yes 🗌 No |
| • |] Supported Living/AFL] Skilled Nursing Facility : | IDD group home Adult Care Home/A | | group home |
| Is the applicant currently in a Acute Crisis/ED Set Facility: | any of the following: ting | spital 🗌 Other Hos Date of Adm | • | Jail/Detention |
| Residential Provider/Facility | (if applicable): | | | |
| Address: Street/Mailing | | City | State | ZIP Code |
| | | | | |
| | Marital Status: | | | - US Citizen? |
| ate of Birth: | | of Birth: | | |
| Medicaid: 		Yes 		N Private Ins | | edicare: 🗌 Yes 🗌 No | Medicare # | |
| SOHF/SDC-2102/12.01.20 | 21 | | R | eferral for Admissi |

| Address: Street/Mailing City State ZIP Code Home Phone: Work Phone: Cell Phone: Cell Phone: Cell Phone: Mail Address: Relationship: | Home Phone: | over 18, has the adjudicate | applicant been No d incompetent? Yes County Adjudicated: | (Provide contact for id Type of Guardi | anship: | - | |
|--|---|------------------------------|--|---|---------|-------|----------|
| Address: Street/Mailing City State ZIP Code Home Phone: Work Phone: Cell Phone: | Address: Street/Mailing City State ZIP Code Home Phone: Work Phone: Cell Phone: E-Mail Address: Relationship: | gally Responsi | ble Person/Agency: | | | | |
| Street/Mailing City State ZIP Code Home Phone: Cell Phone: | Street/Mailing City State ZIP Code Home Phone: Cell Phone: | Address: | | | | | |
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| ECTION III: OVERVIEW OF | NEED | | | | Date of Referral: |
|---|--|--------------------------|-------------------|------------|-------------------|
| | | | | | |
| ntellectual/Developmental Disability: | include date, scol | re, and assessment | type for IQ | | |
| | Include age of dia | ignosis, subtype, se | ensory needs | | |
| Autism Spectrum Disorder: | | | | | |
| Psychiatric Diagnoses: | | | | | |
| Medical Diagnoses: | | | | | |
| Social Stressors and/or Trauma History: | | | | | |
| Eating/Drinking Toileting Bathing/Groom | ing essing, including c | Verbal Prompt losures | PA=Physical Assis | stance Ti | D=Total Dependen |
| Mobility: | | | | | |
| 🗌 Independent 🗌 F | Requires Assistanc | e 🗌 Non-Amb | ulatory/Mobile | Non-Ambula | atory/Non-Mobile |
| Choosing/Prepa | aring Simple foods pres (dishes, launc Calls ety Skills | | PA=Physical Assis | stance Ti | D=Total Dependen |
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| | | | Date of Referral: |
|--|--|-------------------------|---|
| Communication/Language: | | | |
| Expressive: | | | |
| Uses expressive language | Mode: 🗌 Verbal | 🗌 Sign Language | ☐ Gesture |
| Uses communication device | e Specify Type: | | |
| Receptive: | | | |
| Comprehends verbal langu Does not respond to comm | | es and auditory cues | Attends to visual cues |
| Describe how the applicant make | es his/her wants and needs k | nown: | |
| | | | |
| Socialization: | | | |
| ☐ Initiates interaction | Responds to inte | raction Ave | oids interaction |
| ☐ No response to interaction | Prefers interactio | | efers interaction with females |
| Sexual Awareness: | | | |
| Is the applicant aware of his/he | r sexuality? 🗌 Yes 🗌 |] No Sexually a | ictive? 🗌 Yes 🗌 No |
| If yes to either above, describe | any concerns or matters we | should know in order to | support the applicant. |
| | | | cappert are approxim |
| | | | |
| Leisure: | | | |
| Favorite Leisure Activities | | | |
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| | | | |
| SECTION IV: BEHAVIORAL HEA | LTH NEEDS | | |
| | | | |
| SECTION IV: BEHAVIORAL HEA | : plan? 🔲 Yes – Psychologis | t name/contact: | |
| Is there a current behavior support | | | SCRIPTION |
| Is there a current behavior support BEHAVIOR | : plan? | DES | SCRIPTION look like for this person? |
| Is there a current behavior support BEHAVIOR Verbal Aggression | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior | : plan? | DES | |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior | : plan? Yes – Psychologis No – Reason: FREQUENCY How often does this occur? | DES What does this | es* No |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior PICA | : plan? Yes – Psychologis No – Reason: FREQUENCY How often does this occur? | DES What does this | look like for this person? |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior PICA | : plan? Yes – Psychologis No – Reason: FREQUENCY How often does this occur? | DES What does this | es* No |
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| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior PICA | : plan? Yes – Psychologis No – Reason: FREQUENCY How often does this occur? | DES What does this | es* No |
| Is there a current behavior support BEHAVIOR Verbal Aggression Physical Aggression Property Destruction Elopement/Wandering Self-Injurious Behavior Inappropriate Sexual Behavior PICA | : plan? Yes – Psychologis No – Reason: FREQUENCY How often does this occur? | DES What does this | es* No |

| Date of Referral: |
|---|
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| Outcome of Referral: |
| Phone # |
| ram Completed: wing and IEP must be included with referral |
| Current Grade: |
| Phone # |
| :1 Home-Based (# of Hours:) |
| as appropriate. |
| |

Active Services (currently working with the applicant):

| Provider | Service/Hours | Date of Auth | Notes (How effective is the support provided?) |
|----------|---------------|--------------|--|
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