

RESIDENTIAL LIVING SOLUTIONS

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REFERRAL FORM

Date of Referral: _____ Type of Service: Foster Care Respite ILS Companion
When is Service Needed: _____ Veteran: Yes No

Name: _____ DOB: _____ Male Female

Address: _____ Zip Code: _____ Living Alone

Telephone: _____ (alt phone) _____ No Phone Available

County of residence: _____ Marital Status: _____

Funding types considered/approved for this placement:

County of \$ responsibility _____ GRH Approved YES NO In Process

Private Pay YES NO Contact Info _____ Other _____

Insurance Pay – Company _____ Phone number _____ Policy # _____

VA Pay Possible Approved Contact name & number _____

CADI Waiver Possible Approved TBI Waiver Possible Approved

EW Waiver Possible Approved MA Home Care Possible Approved

MA # _____ Contact name & number _____

Voluntary Court Ordered Other _____

Reason(s) for Referral (Foster Care or Respite only):

Assist with Mental Health Needs Court Committed More Individualized Approach

Less Restrictive Setting More Restrictive Setting Needs a More Structured Plan

Respite Care Wants/Needs to move out of current residence

Crisis Care Other _____

Primary Diagnosis: _____ ICD-9 # _____

Primary Diagnosis: _____ ICD-9 # _____

Diagnosis: Additional Information _____

Primary Medical Diagnosis: _____

Other diagnosis (if applicable): _____

Previous RLS Placement? YES NO

Previous Psychiatric Hospitalization? YES NO

Previous CSSP? YES NO

Crisis Prevention Plan? YES NO

Criminal Record/conditional release YES NO

On any Psychotropic Meds? YES NO

If so, please list meds (just names, please) _____

Seizure Disorder: YES NO

Allergies: YES NO

The following should be completed for all referrals.

Activities of Daily Living (ADL):

Specify needs (1-reminder, 2-prompting, 3-supervision, 4-physical assistance, 5-non-needed)

_____ Bathing _____

_____ Hygiene _____

_____ Dressing _____

_____ Eating _____

_____ Walking _____

Notes _____

Instrumental Activities of Daily Living (IADL):

_____ Financial Management _____

_____ Managing Appointments _____

_____ Housekeeping _____

_____ Meal Prep & Cleanup _____

_____ Health management & maintenance _____

Notes _____

Health:

_____ Mobility _____

_____ Special diet _____

_____ Medication administration _____

Notes _____

Home and Personal Safety:

_____ Awake supervision _____

_____ Daily service checks _____

_____ Safety procedures & emergency responses _____

Notes _____

Community Access:

_____ Community access _____

_____ Public transportation _____

Notes _____

Behavior:

_____ Aggressive _____

_____ Injury to self _____

_____ Severe property destruction _____

_____ Refusing essential health care _____

Notes: _____

How long can client be left alone: _____ in home _____ in community

Legal and Rights Issues

Limitations on legal rights include:

- Considered Mentally Ill and Dangerous
- Court-committed to Placement
- Representative Payee
- Minor
- Unknown
- Provisional Discharge from Psychiatric Hospital
- Felony Conviction
- Power of Attorney
- None
- On Probation
- Conservator/Guardian

Restrictions on: Phone Visits Activities If so, please bring list with at admission.

Education/Work Information:

Please check which program(s) client is involved in:

- Day Program
- Work Program
- School
- Other _____

Name of School, Day program, Employer: _____

Contact person: _____ Phone: _____ May we contact Y/N

Name of School, Day program, Employer: _____

Contact person: _____ Phone: _____ May we contact Y/N

Case Manager

Name: _____ Organization: _____

Address: _____

City, State Zip: _____ Email: _____

Phone: _____ Alt Phone: _____

Does RLS have permission to contact this individual about the referral? Yes No

Legal Representative

Name: _____ Organization: _____

Address: _____

City, State Zip: _____ Email: _____

Phone: _____ Alt Phone: _____

Does RLS have permission to contact this individual about the referral? Yes No

Other Contact or Family Member

Name: _____ Organization: _____

Address: _____

City, State Zip: _____ Email: _____

Phone: _____ Alt Phone: _____

Does RLS have permission to contact this individual about the referral? Yes No

Signature of Person Making Referral

Relationship to Referral

Date

If accepted for placement we will then be requesting current service plans, IAPP, Psychological Assessments, medical history, social history, etc.