

Request for ICF/IID or NF Services at an RHC Admission Application

Upon CRM completion of this application, the CRM Supervisor must submit the packet to
RHCAdmission@dshs.wa.gov.

CLIENT'S NAME	ADSA ID NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	AGE
NAME(S) CLIENT PREFERS TO BE CALLED			DATE OF REQUEST	
Does this client have a court appointed guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, provide contact information and copy in the referral packet.				
GUARDIAN'S NAME	GUARDIAN'S PHONE	GUARDIAN'S EMAIL		
INTERPRETER SERVICES <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, specify language:				
DDA CRM	REGION	TELEPHONE (WITH AREA CODE)		
Current setting; start date:		Identify the associated setting primary contact information:		
<input type="checkbox"/> Family home		PROVIDER / PRIMARY CAREGIVER / FACILITY NAME		
<input type="checkbox"/> Own home (including Supported Living);		ADDRESS		
<input type="checkbox"/> Adult Family Home		CONTACT NAME AND TITLE		
<input type="checkbox"/> Hospital (admitted or emergency room)		CONTACT PHONE (WITH AREA CODE)		
<input type="checkbox"/> Psychiatric Facility or Jail		CONTACT EMAIL		
<input type="checkbox"/> Other:				
RHC requested service(s) and location(s) (Check all that apply) Reference DDA Policy 17.01.02				
<input type="checkbox"/> ICF/IID: <input type="checkbox"/> Fircrest School <input type="checkbox"/> Lakeland Village <input type="checkbox"/> Rainier School <input type="checkbox"/> Documented SER in CARE: Client and legal representative have received the RHC ICF brochure and have been informed that ICF/IID services are temporary and once discharge criteria has been met transition will begin. <input type="checkbox"/> Documented SER in CARE: Client and legal representative have been provided information on applicable crisis stabilization services (i.e: waiver stabilization, diversion beds, IHS, SAIF). <input type="checkbox"/> NF: <input type="checkbox"/> Fircrest School <input type="checkbox"/> Lakeland Village <input type="checkbox"/> Crisis Stabilization at Yakima Valley School				
Indicate applicable documents provided with this application with the date the document was last updated:				
<input type="checkbox"/> Current DDA Assessment:		<input type="checkbox"/> Incident reports		
<input type="checkbox"/> Consent (DSHS 14-012):		<input type="checkbox"/> Psychiatric evaluation(s):		
<input type="checkbox"/> Cross Systems Crisis Plan:		<input type="checkbox"/> Positive Behavior Support Plan:		
<input type="checkbox"/> Guardianship documents:		<input type="checkbox"/> SOTP Risk Assessment:		
<input type="checkbox"/> Hospital / medical records:		<input type="checkbox"/> Other description:		

Social Summary

Relevant history: Please identify the unmet need and/or skills required for supports in the community to be achieved and include pertinent hospitalizations, mental health information, such as prescriber, DDA and community services received to date, recent changes in residence settings and significant events that lead to this request and indicate, if known, the discharge plan:

Challenging Behaviors OR ☐ No Challenging Behaviors

Mark each applicable behavior(s) exhibited, identifying if it is in their current and/or the most recent past setting.

Place an * next to the prominent behavior(s) that impact the client from receiving supports in the community.

CURRENT		PAST	CURRENT		PAST	CURRENT		PAST
Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	Loud vocalizations	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal action(s)	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	Physical aggression	<input type="checkbox"/>	<input type="checkbox"/>	Takes other's property	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	PICA	<input type="checkbox"/>	<input type="checkbox"/>	Verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>
Elopement	<input type="checkbox"/>	<input type="checkbox"/>	Property destruction	<input type="checkbox"/>	<input type="checkbox"/>	Wandering	<input type="checkbox"/>	<input type="checkbox"/>
Encopresis / enuresis	<input type="checkbox"/>	<input type="checkbox"/>	Self-injurious	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Head banging	<input type="checkbox"/>	<input type="checkbox"/>	Sexually inappropriate ..	<input type="checkbox"/>	<input type="checkbox"/>			

Support Needs

For clients currently or within the past six months receiving community residential habilitation services, CRM please work with the applicable Resource Manager to complete 1 – 5 from the residential rate assessment:

- 1) Effective date:
- 2) Single Person Household (SPH) 4, 5, 6: ☐ No ☐ Yes, if yes, comments:
- 3) Exception to Policy (ETP) for SPH or Tier 9: ☐ No ☐ Yes, if yes, comments:
- 4) Two – one support column needs: ☐ No ☐ Yes, if yes, list domain with correlating hours per week:
- 5) Additional comments related to specialized supervision and supports:

For clients currently or within the past six months receiving Out-of-Home (OHS) Services, please attach the staffed residential rate assessment (DSHS 10-326) with this application. ☐ Yes, attached.

For clients receiving services in any other setting:

Identify awake, night and community supervision needs:

Restrictions in place at current setting (door / window alarms, food restrictions, mechanical restraints etc.):

Describe any medical and accessibility support needs and/or adaptive equipment required (ramp, roll-in shower, shower chair, Hoyer lift, etc.):

Select the type of assistance needed to take medications, apply medicated ointments or administer drops

- ☐ None (if applicable):
- ☐ Supervision only ☐ Verbal prompts ☐ Hand in cup ☐ Crushed in food
- ☐ Physical assistance ☐ Medications administered via enteral feeding
- ☐ Other:

Other Information

List any other pertinent information including preferred activities, like / dislikes, strengths, abilities: