Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Provider Referral Letter for Supported Living / Group Home Providers

PROVIDER NAME AND ADDRESS

Dear ,

I am referring ______________________________ to you for :
CLIENT NAME

WAIVER STATUS (SL ONLY)	SERVICES NEEDED
Choose one. ☐ CORE ☐ Non-waiver ☐ CPP ☐ RCL ☐ Other waiver awaiting approval for CORE or CPP	Choose one. ☐ As soon as possible ☐ 60 – 90 days ☐ Within one month ☐ Long term planning

INCLUDED IN REFERRAL PACKET		
ENCLOSED	NOT AVAILABLE	TYPE OF INFORMATION
☐	☐	History of residential services received from other providers
☐	☐	Legal representative information and documentation
☐	☐	Marital status and ages of children, if any
☐	☐	The client's current DDA Assessment and Person Centered Service Planning (PCSP)
☐	☐	Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
☐	☐	A summary of incidents that warranted an Incident Report (IR) within the past 12 months.
☐	☐	Criminal history, if applicable
☐	☐	Educational and vocational records, including IEP information if available.
☐	☐	Financial information (may be found in ACES), such as verification of SSI/SSA status, eligibility for financial assistance (e.g., food stamps, Medicaid), earned and unearned income and resources, payee information, and whether client is receiving SSP funds.
☐	☐	Legal information, such as copies of court orders or legal action involving the client and names of perpetrator or victims of crime (if known, need to know basis only). The client's expressed consent must be obtained before sharing this information. Note: The client cannot give consent to release names of victims
☐	☐	Medical history, immunization records, and medications. Note: A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared (RCW 70.24.105).
☐	☐	Nurse delegation assessments, when applicable.
☐	☐	List of family members and names and addresses of all significant people in the client's life.
For individuals with Challenging support Issues:		
☐	☐	DSHS 10-234, Individual with Challenging Support Issues
☐	☐	Describe the level of supervision and support needed by the client as identified in their DDA Assessment.
☐	☐	Identify any significant risks to others posed by the client and what supports are necessary to manage these risks. This must include the risk posed by the client to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.)
☐	☐	Provide the names and phone numbers of people to call if the client's behavior becomes dangerous beyond the provider's ability to ensure the safety of the client or others.
For individuals with Community Protection Issues:		
☐	☐	DSHS 10-258, Individual with Community Protection Issues
☐	☐	Most recent psychological and/or psychosexual evaluation/risk assessment.

To expedite this referral, please do the following:

☐ Read through the referral packet and request any further documentation needed.
☐ Meet the client, family, legal representative, current provider, etc.
☐ Contact the Case Resource Manager to discuss client support needs.

CRM NAME	TELEPHONE NUMBER

☐ Inform the Resource Manager (RM) of your interest in pursuing this referral within 10 days of receipt of this packet.

RM NAME	TELEPHONE NUMBER

☐ Sign the cover letter and return an original signature to me.
☐ Destroy referral information if you are not interested in pursuing referral or do not place referral.

Thank you for considering this individual for services.

Sincerely,

CASE / RESOURCE MANAGER'S SIGNATURE	TELEPHONE NUMBER

I have received the referral information for the individual named above. I have not yet accepted the individual for placement. If the person is not accepted, I will return all referral information to DDA.

PROVIDER'S SIGNATURE	DATE

The residential service provider must evaluate the referral for service to determine whether the service provider has the resources to meet the client's needs. Within ten (10) working days of receipt of the referral packet, the service provider must notify the RM whether or not they accept the referral for further evaluation. If a decision is not possible within ten (10) days, the service provider will consult with the RM to mutually agree on an extended timeframe.