## 1. Person Centered Description

What are the client’s likes, dislikes, strengths?

How is the client connected to their community?

What is important to the client in selecting a provider?

Housemate or staff preference? .............................. □ Yes □ No
  If yes, describe:

Accessibility or environmental adaptations needed? ........ □ Yes □ No
  If yes, describe:

Preference of pet in home? ..................................... □ Yes □ No
  If yes, type of pet:

Preference on smoking? ........................................... □ Yes □ No

Marital Status: □ Single  □ Married; ages of children, if any:
Is the client on or being considered for community protection waiver? □ Yes □ No

## 2. Referral Information

Consent valid until:

Client DOB:

Residential level (if unknown, please write TBD):

Moving from:

Who is currently supporting the client:

Geographic preferences? Where does the client want to live? (cities / counties):

## 3. Supports Requested

CRM summarize the information in three or four sentences for each section.

With daily living skills:

With behavioral supports:
With activities:

Medication assistance or nursing services needed (nursing, skin care, nurse delegation, medications, etc.):

Specialized services needed (communication, transportation, employment):

Specify known assessed risks (falls, stairs, lack of community awareness, unable to use phone to call for help, etc.):

Name and contact of guardian of person. Indicate level of involvement if there is a legal representative for the client.

<table>
<thead>
<tr>
<th>CASE MANAGER NAME</th>
<th>TELEPHONE NUMBER</th>
<th>DATE</th>
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