

Client Referral Information

CLIENT NAME	DATE
Client Preferences	
<p>Program Type:</p> <p><input type="checkbox"/> AFH (Adult Family Home)</p> <p><input type="checkbox"/> ARC (Adult Residential Care / Assisted Living)</p> <p><input type="checkbox"/> AL (Alternative Living)</p> <p><input type="checkbox"/> CPRS (Community Protection Residential Services)</p> <p><input type="checkbox"/> CH (Companion Home)</p> <p><input type="checkbox"/> GH (Group Home)</p> <p><input type="checkbox"/> GTH (Group Training Home)</p> <p><input type="checkbox"/> LSR (Licensed Staffed Residential)</p> <p><input type="checkbox"/> SL (Supported Living)</p>	<p>NEGOTIABLE <input type="checkbox"/></p> <p>NON-NEGOTIABLE <input type="checkbox"/></p>
<p>Location:</p> <p><input type="checkbox"/> Region</p> <p><input type="checkbox"/> City / County:</p> <p style="padding-left: 20px;"><input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Central <input type="checkbox"/> South</p> <p><input type="checkbox"/> Out of Region Sent to Region:</p> <p><input type="checkbox"/> Statewide</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Housing Type:</p> <p><input type="checkbox"/> Apartment</p> <p><input type="checkbox"/> House</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Accessibility and Environmental Accommodation Issues:	
<p>Housemate Preferences:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Smoking <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker</p> <p>Bedroom <input type="checkbox"/> Private <input type="checkbox"/> Shared</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Level of Assistance Expected	
With daily living skills:	
With behavioral supports:	

With activities:

Specialized services needed (nursing, skin care, nurse delegation, communication, etc.):

Why is the current situation not working?

What do you value most with respect to the services you are receiving now?

What needs to be different that didn't happen?

What one thing is the most important to you in selecting a new provider? Please indicate level of involvement if there is a legal representative for the client.

CASE MANAGER SIGNATURE

TELEPHONE NUMBER

DATE