



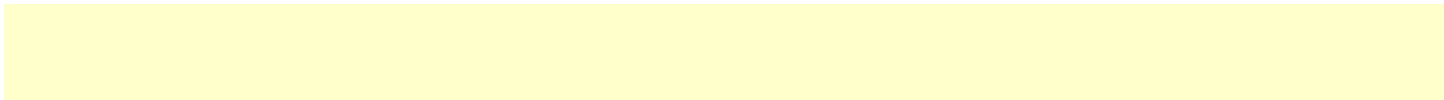
DEVELOPMENTAL DISABILITIES ADMINISTRATION
(DDA)

Client Referral Summary

SOURCE OF INFORMATION (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Interview client	<input type="checkbox"/> Other:
<input type="checkbox"/> Interview guardian / family	
<input type="checkbox"/> Current PCSP	
<input type="checkbox"/> Current IISP	

CLIENT NAME (PREFERRED NAME AND PRONOUNS)	ADSA ID	CLIENT DOB	CURRENT CONSENT VALID UNTIL: INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATE	DATE UPDATED	

Insert photo and/or any additional information the client / legal representative would like to include here if available:



The client referral summary is intended to present a concise person-centered summary of the supports needed for a person to be successful in the community. This is the first impression a potential provider will receive about the client. Focus on current information (within the last 12 months), what has been successful, what has been a challenge in the past, important to know about the setting the client is coming from and going to. If information older than a year is included document the date of occurrence.

1. Person Centered Description (focus on representative the client how they would present themselves)

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

How is the client connected to their community?

If yes is marked, comment is mandatory.

Housemate or staff preference? Yes No

If yes, describe:

Accessibility or environmental adaptations needed? Yes No

If yes, describe (include detail of what type of environment they need to be successful, i.e. no stairs, accessible bathroom, etc.):

Preference of pet in home? Yes No

Describe:

Does the client smoke? Yes No

Describe:

Any other preference or barrier, deal breakers (i.e., provider who knows ASL):

Marital Status: Single Married

Important relationships to you (partners, children that live with you, other children, etc.):

Allergies, sensitives, or special diets (scent free, etc.):

Anything else important to the client and/or people close to them? Yes No

Describe (Include what would make the provider a good fit, quiet home, rural vs. in town, support beliefs, etc.):

2. Referral Information

Residential level:

Moving from:

Who is currently supporting the client:

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

Attach list of selected providers.

Is the client on or being considered for community protection waiver? Yes No

3. Supports Requested (summarize the information a minimum of three or four sentences for each section. Summarize the various sections of the CARE assessment.)

To be successful in the community what supports does the client need with daily living skills (including any adaptive equipment used, include supports needed for ADLs and IADLs):

To be successful in the community what supports does the client need with behavioral supports (will the client need a Positive Behavior Support Plan, Cross System Crisis Plan, other plans? Are all of the supports in place in their current setting able to be replicated in the community setting? What does safe community living look like? Include needed restrictions or special staffing requirements, current behavioral health support):

To be successful in the community what supports does the client need with community activities (what supports around, community outings, grocery shopping, riding in car or bus, using money, etc.):

To be successful in the community what supports does the client need with medication assistance or nursing services needed (nursing, skin care, nurse delegation, tube feeding, lab work, injections, specialized medical care, or monitoring of chronic conditions, etc.):

To be successful in the community what additional services are needed (employment interpreter / communication supports, therapies, specialized transportation):

Specify known assessed risks or any significant health or safety concerns (falls, stairs, lack of community awareness, unable to use phone to call for help, seizures, etc. If client is currently in SL, they will have a risk summary as part of their IISP where this can be found.):

Name and contact of legal representative, if applicable. (Include other involved parties as requested by the client. Indicate level of involvement if there is a legal representative for the client.):

CASE MANAGER'S NAME

TELEPHONE NUMBER

DATE