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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) **PASRR Addendum** |
| NAME | GUARDIAN’S / NSA NAME |
| DATE OF PASRR LEVEL II | DATE OF ADDENDUM | FACILITY NAME (IF APPLICABLE) |
| REASON FOR ADDENDUM |
| SOURCE OF ADDITIONAL INFORMATION |
| DESCRIBE ANY CHANGES TO RECOMMENDATIONS FOR PROFESSIONAL ASSESSMENTS BELOW.[ ]  Physical therapy [ ]  Speech therapy[ ]  Occupational therapy [ ]  Mental Health / Behavior Support[ ]  Other (specify): |
| Comments |
| DESCRIBE ANY CHANGES TO RECOMMENDATIONS FOR SPECIALIZED SERVICES BELOW.[ ]  Community Access [ ]  Transportation[ ]  Vocational Training [ ]  Staff / Family Consultation and Training[ ]  Specialized Medical Equipment and Supplies [ ]  Assistive Technology (based on professional recommendation) [ ]  Therapeutic Equipment and Supplies[ ]  Community Guide (based on professional recommendation)[ ]  Other (specify): |
| Comments |
| SIGNATURE OF PERSON COMPLETING ADDENDUM DATE OF COMPLETION |
| PRINTED NAME OF PERSON COMPLETING ADDENDUM | PHONE NUMBER (INCLUDE AREA CODE) |
| EMAIL | ADDRESS CITY / STATE / ZIP |
| cc: Nursing facility applicant or resident Guardian or NSA Client file (if DDA client) Admitting or retaining NF Attending physician or ARNP Discharging hospital (if person is discharging from a hospital) |