Referral Application

Residential, Vocational & Habilitation Services

Mainstream Living

FOR OFFICE USE ONLY

Member Name | DOB | Medicaid #

HABILITATION RESIDENTIAL SERVICES

Minimum documentation required to begin the referral process: current Treatment Plan, CASH, LOCUS, and this Referral Application.

- ☐ HAB Program (HAB) — up to 24 hour supervision in 4-5 person home
- ☐ Residential Care Facility (RCF-PMI)

Select Funding

☐ ID Waiver ☐ BI Waiver ☐ Habilitation ☐ DAP

Other / notes

ID/BI WAIVER RESIDENTIAL SERVICES

- ☐ Daily — 24 Hour
- ☐ Daily — 24 Hour for Higher Medical Needs
- ☐ Hourly

Projected # of 15-min. units (if Hourly)

Select Funding

☐ ID Waiver ☐ BI Waiver ☐ DAP ☐ HIPP ☐ MFP

Other / notes

VOCATIONAL SERVICES

- ☐ The Center — Enclave — Large Group Supported Employment
- ☐ The Center — Day Hab — Community Integration

Select Funding

☐ ID Waiver ☐ DAP

Other / notes

GENERAL INFORMATION

Name of person being referred

Preferred Pronouns

Date of Birth

Address (include name of facility or provider, if applicable)

City

State

Zip

Telephone Contact

Social Security Number

TIER

REFERRING PERSON

Name

Relationship to Applicant

Agency

Address

Phone

Email Address

Case Manager

Only applicable if different from the referring person above.

Name

Phone

Email Address

INSURANCE INFORMATION

Medicaid Number

Medicare Number

Other Insurance

Managed Care Organization

MCO Policy Number

Primary Diagnosis & ICD-10 Code

Secondary Diagnosis & ICD-10 Code

GUARDIANSHIP STATUS

☐ No ☐ Yes — complete below

Name **Home Phone**

Address **Work Phone**

Email

FINANCIAL INFORMATION

Does this person receive SSI / SSDI / SS? (If yes, complete below.)

☐ No ☐ Yes

SSI Amount **Application Been Made?** ☐ Yes ☐ No **Date Applied (if applicable)**

SSDI Amount **Application Been Made?** ☐ Yes ☐ No **Date Applied (if applicable)**

SS Amount **Application Been Made?** ☐ Yes ☐ No **Date Applied (if applicable)**

EBT Amount **Application Been Made?** ☐ Yes ☐ No **Date Applied (if applicable)**

Other income amount & source (pension, VA, trust fund, etc.)

Does this person have a representative payee?

☐ No ☐ Yes — complete below

Name **Home Phone**

Address **Work Phone**

Does this person have a conservator?

☐ No ☐ Yes — complete below

Name **Home Phone**

Address **Work Phone**

COMMITMENT STATUS

Is this person under civil commitment?

☐ No ☐ Yes

Briefly describe type of commitment, etc.

MISCELLANEOUS LEGAL INFORMATION

Is this person involved in any pending civil or criminal legal actions?

☐ No ☐ Yes — complete below

Briefly describe (e.g., scheduled commitment hearing, divorce or custody issues, pending or unresolved criminal charges, legal probation, etc.)

CLINICAL & BACKGROUND INFORMATION

Substance Abuse / Use History

Describe Previous Services Received

Current Service Involvements

Potential Challenging Behaviors

Potential Skill Deficits

Significant Medical Conditions (illnesses, hospitalizations, past & current drug therapies, special diets, etc.)

Medications

Mobility Issues (adaptive equipment, wheelchairs, lift devices, level of assistance needed, etc.)

OTHER DOCUMENTATION NEEDED FOR REFERRAL

Check documents included with this referral:

- ☐ Current Service Plan and/or Treatment Plan
- ☐ Social History, as current as possible
- ☐ Records of current hospitalizations, if applicable (e.g., "History & Physical" or equivalent)
- ☐ Psychological Evaluation — most recent report
- ☐ Assessment tools appropriate to the service requested (Inter-RAI, off-year assessments, LOCUS, CASH, etc.)
- ☐ Legal documents, e.g., guardianship or commitment papers, restraining orders, etc. (required if accepted for placement)
- ☐ A copy of form 1645 (verification of eligibility for TXIX), if not yet approved for TXIX
- ☐ Release of Information

DOCUMENTS NEEDED AT INTAKE

Needed to participate in a Mainstream Living residential program:

- ☐ Photo Identification Card
- ☐ Full Guardianship Papers for those with a guardian
- ☐ Duplicate Birth Certificate (not a photocopy)