Residential Referral Form

Name:
Date of birth:
Tabs ID:
Medicaid Number:
S.S. Number:
Service Coordinator:
Phone:
Email Address:
MSC Address:
Current Residence:
Is this a certified site:
Current Day Program/Job:
Placement Sought: (Supervised Apartments have 24 hour staffing, Supportive does not)
Has a Risk Assessment Been Completed? if so please attach.

Who is the individual's guardian? Self ☐ Parents ☐ Other☐

Is the individual waiver enrolled?
NOD Date:
Date of last psych eval:
Qualifying Diagnosis:
Medical conditions/diagnosis:

Current Medications:

Has the individual had any involvement in the criminal justice system? (if yes please explain): if yes, please explain:

Independent Living Skills

Current level of supervision required:
(**I**=Independent **S**=Some support/supervision **T**= Total Support/Supervision)

Personal Hygiene

Telephone Usage

Cooking

Eating

Money Management

Shopping

Dressing

Laundry

Transportation

Medication Administration

Comments:

What types of supervision/assistance does the individual need in the community?

Is the individual capable of exiting independently in the event of a fire or emergency?

Is the individual capable of utilizing public transportation?

Is the individual willing to share an apartment?

Preferred Staff:

Mobility:
(Check all that apply)

- ☐ Fully Ambulatory
- ☐ Walks with assistive device
- ☐ Requires use of life
- ☐ Walks with difficulty
- ☐ Requires wheelchair accessible van
- ☐ Can negotiate stairs
- ☐ Can bear weight
- ☐ Uses manual wheelchair
- ☐ Uses electric wheelchair

Behavioral

Does the individual have a Support Plan in place? if yes please explain:

Does the individual have tantrum or outbursts? if yes please explain:

Does the individual resist supervision? if yes please explain:

Does the individual engage in self-injurious behavior? if yes please explain:

Does the individual interact appropriately with:
Staff: if no please explain:
Peers: if no please explain:
Strangers: if no please explain:

Does the individual require SCIP trained staff?
Is the individual Consenting?

Financial

Medicaid Number:
Medicare Number:
SSI Amount:
SSD Amount:
Is there currently an SSI/SSD overpayment/back payment in place?
(if yes amount)

Food Stamps?
If yes PIN:

Life Insurance:

Accounts: (If yes please list bank, account number and balance)
Trust:
Burial Account:
Checking Account:
Savings Account:
Retirement:

List all other resources:

Current Representative Payee:

Form Completed by:

Note: Failure to provide information requested or withhold information pertinent to the individual's supervision, safety, and/or medical needs may result in re-consideration of potential placement.

Individual's Signature Date

Parent/Guardian Signature (if applicable) Date

MSC signature Date

Name: DOB:

Attach all information indicated listed below. Please indicate the date the assessment/report was completed in the column provided. Return all documentation along with the completed referral form to:

Starbridge
Attention: Michelle Farrands
1650 South Ave Suite 200
Rochester, NY 14620

Form Requested	**Date**
☐ Referral Form	
☐ Psychological Evaluation	
☐ Other Pertinent Evaluations	
☐ Current Residential Habilitation Plan	
☐ Current IPOP	
☐ IEP	
☐ ISP	
☐ Complete physical exam and ppd	
☐Self-Medication Evaluation	
☐ Client Specific Medication Information Sheets	
☐ Current MAR's	
☐ DDP-2	
☐ LCED	
☐ Psychiatric Evaluation (if applicable)	
☐ Behavior Support Plan (if applicable)	
☐ Sexuality Assessment	
☐ Day Program Goals	
☐ Copies of Social Security/Medicaid/Medicare/Private Insurance Cards	
☐ Copies of SSI/SSD award letters	
☐ Copies of legal guardian paperwork (if applicable)	
☐ OPWDD HCBS Waiver Authorization Letter	
☐Central Entry Application	
Attached Community Safety Assessment	

Community Safety/Risk Assessment and Planning Tool

Purposes of the Tool:

☐ To heighten safety planning awareness, to identify and address unreasonable risk in order to prevent potential harm from occurring and to enhance the quality of life of the person.

☐ To directly involve the person, his/her family/legal guardian, advocate, and other individuals who know him/her best to describe support services, strategies or interventions necessary in each risk area to keep the person safe from serious harm and promote good health, independence and opportunity to live a good life. Each person's needs will vary depending upon his/her life experiences, abilities and environment.

☐ To identify potential areas of risk of serious harm to a person in the areas of: *Community Safety and Financial Exploitation*.

The goal of the tool is to provide an accurate and unbiased assessment of one's community safety skills, to promote community independence and safety.

Name: **Date:**
Current Address:
Names of others providing information:
Name: **Relationship:**
Name: **Relationship:**
Name: **Relationship:**

Current Community Status:

Please describe the person's current level of community independence to include:

1) Where the person currently resides.
2) How long the person has resided at this location.
3) Level of independence in the current community (e.g. walks alone in familiar community, walks only with others, takes bus from home and back independently, cross's street independently, etc.)
4) How does the person currently respond to unfamiliar environments?
5) Does the person carry identification?
6) Does the person know how to access emergency services?

Narrative:

Please complete the following assessment through interviews, feedback and personal observation, only check the box if the person is independent. If the person is not independent, please write specifics of what needs to improve.

Possession of personal identification and understanding of this	Yes	No

information

Carries current updated identification e.g. driver's or non-driver's id	☐	☐
Knows home address and phone number	☐	☐
Is aware of how to obtain identification if needed	☐	☐

Narrative:

Knowledge of emergency telephone numbers/contact people	Yes	No
Able to identify appropriate emergency contact persons	☐	☐
Has current phone numbers for emergency contacts	☐	☐
Able to contact emergency services	☐	☐
Can accurately provide information to emergency responders e.g. 911 operator	☐	☐

Narrative:

Ability to use public telephone, personal cell phone, etc. for emergencies	Yes	No
Knows how to dial numbers	☐	☐
Is able to appropriately/safely access a phone if one is not readily [if they have the ability to be understood verbally]	☐	☐

Narrative:

Neighborhood/street safety, knowledge of traffic lights, use of cross walks and capacity to safety cross the street Check ☐ if Yes

	Known	Unknown
Knows name of own street address	☐	☐
Can identify closest cross streets	☐	☐
Can identify near by main streets	☐	☐
Understands traffic lights and meaning (green, yellow, red)	☐	☐
Uses cross walks to cross intersections	☐	☐
Follows cross walk sign appropriately	☐	☐
Stops at curb before crossing	☐	☐
Looks right and left before crossing the road	☐	☐
Uses sidewalks when available, walks on left side facing traffic if not	☐	☐

Narrative:

Safe use of public transportation	Yes	No

Able to identify a public bus stop	☐	☐
Can locate the nearest bus stop to home address	☐	☐
Knows the route number of the public bus stop nearest to home address	☐	☐
Knows the cost of a bus trip	☐	☐
Knows how to alert the driver to stop the bus at appropriate location	☐	☐
Knows where to get off the bus to set locations	☐	☐
Can safely and independently arrive at final destination	☐	☐
Able to transfer to anther bus	☐	☐
Knows how to read a bus schedule either on paper or online	☐	☐
Plans ahead if needing to walk to bus stop	☐	☐
Knows what to do if the bus does not arrive	☐	☐
Can any of the above be achieved with accommodations, if yes, please describe	☐	☐

Narrative:

Appropriate interaction with strangers	Yes	No
Is aware of surroundings e.g. pays attention to what is going on, notes safety hazards, makes note of others in the area etc.	☐	☐
If uses earphones keeps them to a low volume to be able to hear what is occurring in the immediate environment e.g. people walking by, car horns etc.	☐	☐
Makes eye contact with people passing by	☐	☐
Keeps personal items, money, id etc. safe in a purse or pockets	☐	☐
Says hello to others	☐	☐
Understands the difference between close friends, acquaintances, and strangers	☐	☐
Knows not to go places with strangers e.g. get into the car of an unknown person	☐	☐
Able to protect self in unsafe situations – has the capacity to say no, can call for help, run away	☐	☐
Is not easily influenced or conned by others e.g. would not go with someone who stated that they lost their dog or needed the person to go with	☐	☐

Narrative:

Understanding of what to do in an emergency situation	Yes	No
Knows how to contact emergency services	☐	☐

Looks for emergency exits when in public buildings such as a movie theater	☐	☐
Knows not to use an elevator in the event of a fire	☐	☐
Has an understanding of basic first aid	☐	☐

Narrative:

Personal Finances	Yes	No
Understands the value of money	☐	☐
Is able to identify and count coins and bills	☐	☐
Is able to carry money safely	☐	☐
Obtains receipts and can count proper change	☐	☐
Understands and properly uses a ATM/Debit machine	☐	☐
Has credit cards and uses them appropriately	☐	☐
Is not easily pressured to pay for goods for other people	☐	☐
Knows what to do if approached by someone asking for money, wallet etc.	☐	☐

Narrative:

Complete this section after the document above has been completed

Safety/Risk Area	**Probability for Serious Occurrence of Risk in this Area**			
Probability Code: 0 – Rare, 1 – Unlikely, 2 – Possible, 3 – Likely, 4 –Certain				
	1	2	3	4
Possession of Personal Identification	☐	☐	☐	☐
Knowledge of emergency telephone numbers/contact people	☐	☐	☐	☐
Ability to use public telephone, personal cell phone, etc. for emergencies	☐	☐	☐	☐
Neighborhood/street safety	☐	☐	☐	☐
Safe use of public transportation	☐	☐	☐	☐
Appropriate interaction with strangers	☐	☐	☐	☐
Understanding of what to do in an emergency situation	☐	☐	☐	☐
Personal Finances	☐	☐	☐	☐
Total				

Final Narrative Summary: [Please summarize overall rating. For areas that need further training please also complete the following training plan.]

Narrative: If several areas are identified for training and not specifically listed below, please indicate why.

Risk Area	Description of Concern	Support/Action Needed	Measurement to be Used	Person Responsible	Timeframe	Effectiveness

Name and Title of Person Completing Assessment Date

Names and relationships of others contributing to the assessment:
Name Relationship