



DW IHN SD Referral Checklist

All training must be completed as a pre-condition for employment based on date of hire and then updated annually unless stated otherwise.

Support Coordinator: _____ CRSP: _____ Date: ____/____/____
DWIHN Member: _____ ID #: _____ Contact #: _____
Legal Representative: _____ Email Address: _____

Check all that apply:

- A new Self-Directed arrangement ~SD Welcome Meeting is needed (if done, SD Agreement date ____/____/____)
 - Member/family wants to directly manage their staff through an individual budget.
 - Member/family wants staff through a contracted Agency. (if checked, contact Selfdetermination@dwihn.org to confirm this form is needed)
 - Member is replacing previous staff/agency Member is adding another DSP/Agency
- Additional information needed for the SD Arrangement: _____

TYPE OF SUPPORTS

FMS AGENCY: _____
Provider Agency: _____ Contact #: _____ Eff. date: ____/____/____
Direct Support Professional (DSP): _____ Contact#: _____

THIS SECTION TO BE COMPLETED BY THE FMS FOR DIRECT HIRES

<u> </u>	DATE	Background Checks/Information <i>(Required at time of hire or prior to hire)</i>
<u> </u>		Criminal Record Check (Prior to hire and annually)
<u> </u>		Office of Inspector General (Monthly)
<u> </u>		Michigan Driver License (Annually if transporting the person)
<u> </u>		<u>Trainings</u> <i>(Required at time of hire and updated thereafter)</i>
<u> </u>		First Aid (2 years)
<u> </u>		Emergency Preparedness _____ CPR (2 years- CWP only)
<u> </u>		Universal Precautions/Bloodborne Pathogens/Infection Control (2 Years)
<u> </u>		Recipient Rights- one time face-to-face (One time only) _____ ORR updates (Annually)

Required if Medication is put in your plan (Both offered by CLS & LIVE In-Person Training)
 Initial DCH Approved Medication Administration Training (One time only)
 Medication Administration Competency Review Annual Training (Annually)

Verification in MHWIN
 Backup plan verified in MHWIN (Initial or if changed)
 Inservice/training of IPOS in MHWIN (Initial and Annually)

Date of Hire: _____ **Direct Hire Wage:** \$ _____
(after making a conditional/contingent offer of employment to the candidate and prior to the candidate providing services to the person)

I verify that the above information is accurate and available in the employee's record files.

FMS Representative Signature: _____ Date: _____

Submitted to DWIHN Representative's Signature: _____ Date: _____