



Emergent Transition from Self-Directing services to Residential

Services delivered using a self-directing model is the choice for members and/or their legal representative. The purpose of this form is to ensure the chosen method of service delivery is honored and to afford an opportunity to develop processes if there are potential system gaps for members who self-direct their services. This form will need to be completed any time a member currently self-directs their services (they are the employer) and desires to have a formal referral for a Residential living arrangement (provider is the employer).

1. Why is the member moving?

2. What, if any, are the unmet service needs which result in a need to have a Residential Referral completed?

3. What efforts have been done to maintain the current living arrangement?

4. Date the member's options to move were discussed at any internal roommate committee meetings? _____ Outcome of any recommendations by the roommate committee?

5. Did this member consider/rule-out other homes/members with individuals who self-direct? _____ If yes, who/where

6. *Date(s) discussions for options of living arrangement were done with this member _____

**7. Does the member have Home Help in place for personal care (unlicensed home)? _____
If no, please complete if moving to an unlicensed home.**

8. Can the member share support staff? _____ Barriers to sharing staff _____

9. *What was the date of the meeting/discussion with the member/legal representative about their choice to no longer self-direct? _____

10. Is there an existing lease? _____ If yes, when does it expire? _____

***Please attach a progress note or meeting documentation notes for #6 and #9. Thank you**

Additional questions if a specific Residential living arrangement is being requested (this is a request; Residential will assess the appropriateness of the referral for a final decision).

1. How did the member get connected to this specific home? _____

Support Coordinator Signature: _____

CRSP SD Representative Signature: _____

Member/Legal Representative Signature: _____