



**Detroit Wayne
Integrated Health Network**
Residential Services Department
707 W. Milwaukee St.
Detroit, MI 48202-2943
Office: (313) 989-9513
Fax: (313) 989-9525
residentialreferral@dwihn.org
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Specialized Residential Placement Referrals

can be submitted via

DEPARTMENT FAX: 313-989-9525

or

DEPARTMENT EMAIL: residentialreferral@dwihn.org

Please complete the

DWMHA Residential Referral Checklist

and submit with complete clinical documentation for review.



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Specialized Residential Referral Checklist

Request Date: _____

Referral Contact Name: _____ Direct Contact Number: _____

Referring Facility: _____ Email: _____

Member Name: _____ DOB: _____

MHWIN ID#: _____ Anticipated Discharge Date: _____

Disability Designation: IDD AMI NGRI DHHS Youth Age-Out Self-Directed
(Check All That Apply to Member)

Placement Type Requested: Pre-Placement Specialized Licensed Specialized Unlicensed CLS Staffing in Own Home

Benefits Verified: Medicaid Medicare SSI/SSD No Income

Clinical Packet Checklist: Face Sheet Guardianship Documentation
 IPOS/Clinical Summary (PE, BioS, Crisis Plan, etc.) Health Risk Medication List
 Current Physicians' Orders/Labs Medical Concerns/Physical Limitations COVID Vaccination Card
 COVID-19 Test Result: __ Positive __ Negative Test Date: _____

Request Summary (Reason for submitting referral):

Designated CRSP: _____ LOCUS Score: _____

Scheduled Follow-up Appointment (Post Discharge) Date: _____ Time: _____

****Section Complete by DWIHN Residential Staff Only****

Residential Assessment attached by assigned RCC | RCS: _____

Referring Provider: _____

Referral Date: _____