

Referral & Change of Status Instructions

Free Standing Day Habilitation (FSD)

Referral:

Referral Packet Requirements: This referral requires an accompanying diagnostic evaluation and the guardian's signature for release of information at end of the referral form.

Referral Source/Relationship: Identify the person making the request and their relationship to the child.

Contact Information: Record the name, contact information and signature of the person who is completing this form.

Demographic Data: Complete this section as accurately and thoroughly as possible. It is essential that names be spelled correctly and as they appear on the MaineCare card. **Race:** the Federal government requires this question but it is optional. Provide the address of the child. This is the address where this child is currently residing and where the child is able to receive service.

Guardianship/Custody: Complete this section identifying the current legal guardian(s) or if the child is in state custody (this applies to Child Welfare V9 statuses for young adults). In the event there is a guardian/custody change documentation of the current guardian/custody agreement is required. Indicate if one parent assumes the rights and responsibilities' of a child solely or if the rights and responsibilities' of the child are shared between two parents. Indicate self-guardianship for the referral of an emancipated child or young adult of 18, unless not permitted.

Primary Diagnosis: Choose all disability categories that a child may be eligible for based on the diagnostic evaluation. If the child has Mental Retardation, Autism, or PDD-NOS, the disability category will be MR/Autism. If the child has Asperger's or any other Mental Health diagnosis, the category will be MH. If the child has co-occurring disorders indicate by checking all category boxes that apply.

Child's Primary Language: Please complete this section in regards to what assistance may be needed to communicate with the clients and their caregivers.

Description of Identified Need: Describe the behavior(s), symptom(s) and or need(s) that identified this service(s) as a possible intervention. Complete the grid of current or past treatment services.

Release of Information: Guardian must check off their choice regarding the Release of Information and sign and date the form. The referral cannot be legally processed until a release of information choice box is chosen and a signature is secured.

Change of Status:

Changes to Child's Demographics Complete this section when the child's name changes or when the child, a parent or entire family changes their address. If a child enters into a residential facility, this would be recorded as a change of address for the child. When a legal address (residency) changes please clearly indicate if the mailing address remains the same or also has been changed. A change of status would also be submitted recording a removal of the child from their primary residence or if the child enters a foster care setting.

Change in Disability Category: Complete this section when a child's mental health or mental retardation disability category changes due to a new evaluation and document the date of new evaluation.

Guardianship/Custody: Complete this section when a change in the child's guardianship has occurred or if child has entered state custody (please notify CBHS if a child assumes Child Welfare V9 status at their 18th birthday). In the event there is a guardian/custody change documentation of the current guardian/custody agreement is required. Please indicate when the rights and responsibilities' for a child change from one sole parent to the other, become shared by both parents from a sole parent, or become sole from a shared parental arrangement. This section must be completed on a young adult's 18th birthday indicating their assumption of self-guardianship, unless not permitted.

Change in Wait Status: Complete this section when there is a change in the wait status for 24. A child may return to Central Enrollment wait status from a review authorization. A child may obtain an unavailable status due to hospitalization or residential treatment. A child may be closed from a wait status due to service implementation, family choice or a family/team decision made at the child's ITP review.

Change of Service Status Complete this section when there is a change of service for the child including partially served, service interrupted or fully served and closed to service. Document the date of change.