
REFERRAL FROM

PROGRAM: Please check the Kota Connections program(s) your referral is interested in:

Activities (SILS, SLS, ILS, IHFS)

Please review some very important notes about activities:

- No 1-1 support provided. All of our service recipients need to be okay with varying degrees of group staff support in the community.
- Transportation: Personally owned staff vehicles. No assistance with transfers.
- No medication administration or assistance provided on activities.
- We are not trained to support people with serious mental illness.
- We rotate our staff and cannot accommodate preferences for male or female staff.
- Minimum service hours: 12 per month (this equals approximately 3 activities / month)
- Individuals who go two months without attending an activity will receive a notice of our intent to terminate services.

Apartment checks (SILS, SLS, ILS)

Please review some very important notes about apartment checks:

- No medication administration provided.
- Only for people who live independently. Not at home with family.
- We are not trained to support people with serious mental illness.
- Transportation: Personally owned staff vehicles. No assistance with transfers.
- We do not spend a set number of hours a night hanging out with service recipients. We generate a list of items to work on with each service recipient and our staff work on these items and leave.
- We rotate our staff and cannot accommodate preferences for male or female staff.
- We welcome our apartment check service recipients to attend our activities.

Independent Living Preview aka week-long apartment trial (SILS, SLS, ILS, IHFS)

Please review some very important notes about the Independent Living Preview:

- No medication administration provided.
- We do not provide transportation to/from work, appointments, social engagements, etc.
- Staff is not on-site at all times.
- Service recipient is required to pay for rent, utilities, and groceries for the week.

Employment (Exploration, Development, and/or Support)

Please review some very important notes about our Employment services:

- Transportation: Personally owned staff vehicles. No assistance with transfers.
- We are not trained to support people with serious mental illness.
- We do not provide 1-1 Employment Support but rather periodic check-ins.

Person:

First name:	Last name:		
Date of Birth:	Gender:	Social security number:	
Address:	Home number:	Cell number:	
Email:			

Mental health status:

Does this individual have serious mental illness? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>*If yes, we are not able to provide services for this person as we do not provide training on mental health crisis response, de-escalation techniques, or suicide intervention.</i>

***PLEASE NOTE:** We provide services for people who have developmental disabilities. We often work with people who have cooccurring mental health diagnoses but we do not provide services to people whose needs are exclusively due to mental health or who have serious mental illness.

Funding source:

<input type="checkbox"/> DD Waiver – Non-CDCS	<input type="checkbox"/> DD Waiver – CDCS Option	<input type="checkbox"/> CEED Plan
<input type="checkbox"/> CADI Waiver – Non-CDCS	<input type="checkbox"/> CADI Waiver – CDCS Option	<input type="checkbox"/> County funds

Services:

<input type="checkbox"/> Semi Independent Living Services (SILS)	<input type="checkbox"/> Employment Exploration & Transportation
<input type="checkbox"/> Supported Living Services (SLS)	<input type="checkbox"/> Employment Development & Transportation
<input type="checkbox"/> Independent Living Services (SLS)	<input type="checkbox"/> Employment Support
<input type="checkbox"/> In-Home Family Support (IHFS)	

Desired service start date:	
Number of service hours/week:	
FSE (if any):	
Service Authorization Date Range:	

Insurance information

Primary insurance number:	Medical Assistance number:
Medicare number:	Other insurance information:

Legal status

<input type="checkbox"/>	Responsible for self
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<input type="checkbox"/>	Under guardianship
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Legal representative contact information

First name	Last name:
Address:	
Office number:	Cell number:
Email:	

Primary emergency contact information

First name	Last name:
Address:	
Office/home number:	Cell number:
Email:	

Case manager contact information

First name:	Last name:
Mailing address:	
Phone number:	Email:
Email:	

Service coordination:

Other providers and contact information:
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Health information

Medical history and diagnoses:

Special dietary needs:

Allergies:

Assistive devices or technology:

Health care provider contact information

Primary physician name:

Clinic Name:

Address:

Phone number:

Fax number:

Other health care provider name/specialty:

Clinic Name:

Address:

Phone number:

Fax number:

Appointment Information:

Will Kota Connections assist this person in setting up and/or attending medical appointments?

- No
 Yes

Date of Last
Physical:Date of Last
Dental:Date of Last Eye
Exam:

Dates of other reoccurring appointments:

Medication Information:

Does this person need medication administration?

- No
- Yes **If yes, another provider will need to provide this support as we are unable to administer medications.*

Medications			
Name of Medication	Dosage	Times Administered	Purpose

Income:Sources of income (ie SSI, SSDI, MFIP/TANF, General Assistance, Veteran's, work income, etc): *Please include amounts***Employment information:** *This section is required if referring for Employment Support.

Does the person require 1-1, constant, on-the-job support?

- No
- Yes **If yes, another provider will need to provide this support as we are unable to provide this level of support.*

Where does the person work? (Employer and city)

What is the person's current work schedule like?

What kind of support is the person looking for at their job?

Special notes / special requests:**Suggested enclosed documents:**

	ISP / CSP/ CSSP		Assessment / Evaluation
	IAPP / RMAP		Other

Please send completed referral packet and accompanying documents to Kota Connections Referrals.

Email: referrals@kotaconnections.net Fax: 952-469-1478