

Self-Directed Services Referral Form

Please return this form and all required documentation to selfdirection@people-inc.org

All Required Documentation noted on page 2 must be included before this form will be reviewed. Intakes are processed based on availability in region. Please use the subject line: FI Intake, (County person lives)'

About the Person					
Name:	Date of Birth:				
Address:	·				
Email:	Primary Phone:				
Current Living arrangement:	·				
☐ Independent/Alone ☐ Cer	☐ Certified Setting				
☐ With Family or Friends *If s	*If selected, specify operating agency:				
Who is the Individual's Guardian?					
☐ Parent(s) or Family ☐ Self	☐ Other				
Name(s):	Name(s):				
Primary contact, if not the person seeking services?					
Relation to Individual:					
Current address (If different from individual's):					
Primary Phone:	Email:				
Care Coordinator Contact					
Name:	Agency:				
Email:	Phone:				
Broker Contact					
Name:	Agency/Independent:				
Email:	Phone:				
 Does the person have an active self-directed budget? ☐ YES ☐ NO *If Yes, please provide the additional information:					
2. Is anyone else in the individual's family/household currently using People Inc. SD Services YES NO					
*If yes, please provide the name of the family or household member:					

3.	Does the person/family have access to a computer or smart phone? \square YES \square NO <u>NOTE</u> : We use an electronic database for all reimbursement requests, staff timesheets, billing notes, expense reports, etc.				
4.	Are they looking to self-hire staff? (Includes Respite, Community Habilitation, SEMP) YES NO Yes, please answer the following:				
	1. What services are you looking to self-hire?	☐ Community Hab.	☐ Respite	☐ SEMP	
	2. Do they have staff identified? ☐ YES	□ №			
	3. Does the person require assistance with lifting and transferring? \square YES \square NO				
5.	What is the person looking for from your self-directed	budget?			
6.	Has the Person/family attended an OPWDD Self-Dire *Date of Attendance:	ction Information session	on? □ YES	□NO	
7.	Are there any behavioral concerns we should know a	bout?			
8.	Are there any personal care/medical needs that we s	hould know about?			
9.	Are there any legal issues/concerns we should be ma Restrictions)?	de aware of (ie. Parole, F	Probation, SORA, (Community	
	, and the second				
10	 Does the person currently have ISS Housing Subsidy? *If Yes, what agency is the provider of the subsidy: 				
Rogui	red Documentation:				
requi	Life Plan	LCED			
	DDP2 (Shows questions with answers selected)	CR4/TABS Rep	ort		

SD Authorization Letter

*Behavior Plan (If applicable)

NOD (Notice of Decision)

*Letter of Guardianship (if applicable)