



## Referral Face Sheet

<p><b>Member's Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Identify As:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <input type="checkbox"/> Other: _____</p> <p><b>Height:</b> _____ <b>Weight:</b> _____</p>	<p style="text-align: center;"><b>MCO</b></p> <p><input type="checkbox"/> Amerigroup  <input type="checkbox"/> Iowa Total Care  <input type="checkbox"/> IME  <input type="checkbox"/> MFP  <input type="checkbox"/> Other: _____</p>
<p style="text-align: center;"><b>Collaterals Included</b></p> <p><input type="checkbox"/> Psychological Evaluation  <input type="checkbox"/> Medication List  <input type="checkbox"/> Person Centered Support Plan  <input type="checkbox"/> Supports Intensity Scale  <input type="checkbox"/> IEP  <input type="checkbox"/> Hospital/Medical Progress Notes  <input type="checkbox"/> Other: _____          _____          _____</p>	<p style="text-align: center;"><b>Waiver Tier</b></p> <p><input type="checkbox"/> U1    <input type="checkbox"/> U2    <input type="checkbox"/> U3  <input type="checkbox"/> U4    <input type="checkbox"/> U5    <input type="checkbox"/> U6  <input type="checkbox"/> Single Case Agreement  <input type="checkbox"/> Other: _____</p>
<p style="text-align: center;"><b>Service Coordinator/Case Manager Information</b></p> <p>Name: _____          Phone Number: _____          Email: _____</p>	<p style="text-align: center;"><b>Waiver Type</b></p> <p><input type="checkbox"/> ID    <input type="checkbox"/> Hab.    <input type="checkbox"/> BI</p>

<p style="text-align: center;"><b>Safety Concerns</b></p> <p><input type="checkbox"/> Physical Aggression    <input type="checkbox"/> Property Destruction    <input type="checkbox"/> Verbal Aggression    <input type="checkbox"/> Theft</p> <p><input type="checkbox"/> Self-Injurious Behaviors    <input type="checkbox"/> Suicidal Threat/Ideations    <input type="checkbox"/> Homicidal Threats/Ideations</p> <p><input type="checkbox"/> Sexually Inappropriate Behaviors    <input type="checkbox"/> False Allegations    <input type="checkbox"/> Arson    <input type="checkbox"/> Sex Offender</p> <p><input type="checkbox"/> Elopement    <input type="checkbox"/> Disrobing    <input type="checkbox"/> Pica    <input type="checkbox"/> Other: _____</p>
<p style="text-align: center;"><b>How Soon is Placement Needed</b></p> <p><input type="checkbox"/> Emergency (5 days or less)    <input type="checkbox"/> Immediate (5-15 days)    <input type="checkbox"/> Soon As Possible (30+ Days)</p>