



**Voluntary Placement Services  
Provider Referral Letter**

PROVIDER NAME AND ADDRESS

Dear

I am referring \_\_\_\_\_ to you for :

CLIENT NAME

WAIVER STATUS	FUNDING STATUS	PLACEMENT NEEDED
Choose one <input type="checkbox"/> CORE <input type="checkbox"/> Non waiver <input type="checkbox"/> Other waiver awaiting approval for CORE	Choose one <input type="checkbox"/> Approved funding <input type="checkbox"/> Proposal needed to request funding <input type="checkbox"/> SSP	Choose one <input type="checkbox"/> As soon as possible <input type="checkbox"/> Within one month <input type="checkbox"/> 60 – 90 days <input type="checkbox"/> Long term planning

INCLUDED IN REFERRAL PACKET

ENCLOSED	NOT AVAILABLE	TYPE OF INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Release of Information, DSHS 14-012(X)
<input type="checkbox"/>	<input type="checkbox"/>	DDD Assessment (Details/summary)
<input type="checkbox"/>	<input type="checkbox"/>	Social Summary (Include any history of institutionalization)
<input type="checkbox"/>	<input type="checkbox"/>	Health information ( <b>per RCW 70.24.105, HBV/HIV status is confidential</b> ) including medical, historical and medications
<input type="checkbox"/>	<input type="checkbox"/>	Legal information
<input type="checkbox"/>	<input type="checkbox"/>	Educational/vocational/other agency records <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> Psychiatric Information
<input type="checkbox"/>	<input type="checkbox"/>	Individual with Challenging Support Issues, DSHS 10-234 (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Positive Behavior Support Plan or Cross System Crisis Plan (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

**To expedite this referral, please do the following:**

- Review packet and request any further documentation needed.
- Meet the client, family, legal representative, current provider, etc.
- Contact the Case Resource Manager to discuss client support needs.

\_\_\_\_\_

CASE / RESOURCE MANAGER (CRM) NAME

\_\_\_\_\_

TELEPHONE NUMBER

- Inform the VPS Coordinator or designee of your interest in pursuing this referral within 10 days of receipt of this packet.

\_\_\_\_\_

VPS COORDINATOR NAME

\_\_\_\_\_

TELEPHONE NUMBER

- Sign the cover letter and return an original signature to me.

Thank you for considering this individual for services.

Sincerely,

\_\_\_\_\_

CASE / RESOURCE MANAGER (CRM) NAME

\_\_\_\_\_

TELEPHONE NUMBER

**I have received the referral information for the individual named above. I have not yet accepted the individual for placement. If the person is not accepted, I will return all referral information to DDA.**

PROVIDER'S SIGNATURE

DATE