PASRR Client Referral

Instructions: This form is used by DDA PASRR staff to refer PASRR clients to a DDA or HCS worker for the purpose of exploring transition to a community setting.

For more information, refer to DDA Policy "Referring DDA Clients for Community Transition."

CLIENT NAME	REFERRAL DATE
CLIENT PHONE (INCLUDE AREA CODE)	ADSA ID NUMBER

GUARDIAN / NSA NAME	GUARDIAN / NSA PHONE (INCLUDE AREA CODE)

GUARDIAN ADDRESS	ROLE: GUARDIAN OR NSA? ☐ Guardian ☐ NSA

GUARDIAN CITY	GUARDIAN STATE	GUARDIAN ZIP CODE

FACILITY NAME	FACILITY CONTACT
FACILITY PHONE (INCLUDE AREA CODE)	FACILITY STREET ADRESS
FACILITY CITY	FACILITY STATE	FACILITY ZIP CODE

PASRR ASSESSOR NAME	PASRR ASSESSOR PHONE (INCLUDE AREA CODE)

SUBMITTED TO:	ASSIGNED TO:

Client Preferences

1. When did the individual admit to the nursing facility (NF)?

2. When is the individual expected to discharge from the NF?

3. Is the individual currently a DDA client? ☐ Yes ☐ No

   If not, has the individual completed and submitted the DSHS 14-151, Request for DDA Eligibility Determination form?
   ☐ Yes ☐ No

   Note: If the individual is not a DDA client but wants to apply to be a DDA client, the PASRR Assessor must help the individual and guardian or NSA complete and submit DSHS 14-151.

4. Is the individual currently a Home and Community Services (HCS) client? ☐ Yes ☐ No

   If not, has the individual completed and submitted the DSHS 10-470, Intake and Referral form? ☐ Yes ☐ No

   Note: If the individual is not a HCS client but wants to apply to be a HCS client, the PASRR Assessor must help the individual and guardian or NSA complete and submit DSHS 10-570.

5. Has current State ID? ☐ Yes ☐ No   If yes, expiration date:

6. List any current or recommended PASRR specialized services and indicate whether service has been received:

7. List any recommended PASRR professional evaluations and indicate whether service has been received:

8. Current DDA or HCS case manager, if applicable: