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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  **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](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/14-151.doc) 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](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/14-151.doc).  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](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/10-570.docx) 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](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/10-570.docx).  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: | | | | | |