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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 [ ]  NoIf 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 [ ]  NoIf 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:  |