

Appendix A
HUMAN & LEGAL REFERRAL FORM

Area Program _____

Name: _____

REASON FOR REFERRAL		
PLEASE CHECK	ABUSE AND NEGLECT	INFORMATION NEEDED BY COMMITTEE
	Person served to person served	A & N 2 – Allegation Notification & Follow-Up Incident Report(s) Other documentation Investigation findings
	Self-injurious	
	Staff to person served	
	Non-agency person(s) to person served	
HUMAN AND LEGAL		INFORMATION NEEDED BY COMMITTEE
	Rights Restriction	Rights Restriction Form IPP authorizing restriction Documentation supporting the restriction Supplemental info, i.e., program, intervention plan, etc.
	New Behavior Program	Program or intervention plan with original signature sheet Assessment tool to evaluate the function/purpose of the behavior Medications, if applicable
	New Intervention Plan	Baseline information Supplemental info, such as additional programming/SO
	New Medication	Med 21(s) with copy of the order Program/intervention plan with original signature sheet
	Medication Increase	Documentation supporting the new med or increase
	Two Year Review of Program/Intervention Plan	Program or intervention plan with original signature sheet 3 months of data with summary or updated baseline info Supplemental info as desired
	Behavior Program Revision	Program or intervention plan with original signature sheet Summary of revision and rationale
	Intervention Plan Revision	Supplemental information as desired
	Information requested by the Committee	Specify:
	Other	Specify:

Signature of Person Submitting H & L Referral Form

Date

Name: _____ DOB: _____

Diagnoses and cause of developmental disability: _____

Brief description/biography of the individual: _____

Services provided and number of hours: _____

Medications/Treatments, including dosage, frequency and purpose (if not already attached): _____
