



*Self-Directed Support Services
Community Living Consultant
Referral Form*

Fax: 860-585-0858 Attention: Therese Nadeau, Program Coordinator

Date of referral: _____ Case Number: _____

Target Waiver(s): PCA Waiver MFP/PCA MFP/CHCPE

Consumer Name: _____

Address: _____

Town: _____ Phone Number: _____

If the consumer is on MFP, date transitioned to the community:

Name of person making the referral: _____

Referral Contact Number: _____ Agency: _____

Relationship to consumer: Self Conservator Transition Coordinator

Family/Friend DSS Social Worker Other: _____

Does the consumer have an authorized representative or conservator?

Yes No

If yes, please indicate the name and contact information for the representative / conservator:

Name: _____

Phone Number: _____ Relationship: _____

(Over)

What is the consumer's disability/diagnosis (please state primary and secondary):

Is it a developmental disability**? Yes No

Is the consumer aware they are being referred: Yes No

Please provide a brief explanation of why this consumer is being referred:

Please contact Therese Nadeau at (860) 314-2244 if you have any questions.

** The term "developmental disability" (in Public Law 106-402, October 2000) means a severe, chronic disability of an individual that:

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the individual attains age 22;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in **3 or more** of the following areas of major life activity:
 - I. Self-Care,
 - II. Receptive and expressive language,
 - III. Learning,
 - IV. Mobility,
 - V. Self-Direction,
 - VI. Capacity for independent living,
 - VII. Economic self-sufficiency; and
- (E) reflect the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

For Office Use:

Date Spoke to Consumer: _____ Date of Initial Meeting: _____

Community Living Consultant Assigned _____