|  |  |  |
| --- | --- | --- |
| Individual’s Name: | DOB: | DDD ID#: |
| Gender:  Male  Female | NJCAT:  Tier: | Current Provider Agency: |
| Current Address: | Current county of residence: | Phone: |
| Requested Program Type:  Licensed  Unlicensed | Requested Counties:  Click here to enter text. | Interested in Statewide opportunities:  Yes  No |
| **Is this request urgent?**  Yes  No If yes, please describe: Click here to enter text. | | |
| **Referral Documents to be Submitted to the Provider Agency (Ensure documents are uploaded to the i-record)** | | |
| NJISP / Service Plan  Behavior Support Plan  Psychological Evaluation(s)  Medical Documentation  Guardianship Paperwork  HSRS (if available)  (Example: physical, consults, etc…) | | |
| Support Coordinator Name:  Click here to enter text.  Name of SC Supervisor: Click or tap here to enter text.  Support Coordination Agency:  Click here to enter text. | Support Coordinator Phone: Click here to enter text.  Phone number of SC Supervisor: Click or tap here to enter text. | Support Coordinator Email:  Click here to enter text.  Email address of SC Supervisor: Click or tap here to enter text. |
| Guardian Name:  Click here to enter text. | Guardian Phone: Click here to enter text. | Guardian Email: Click here to enter text. |
| **Brief Summary of the Current Situation:** Click or tap here to enter text. | | |
| **Overview of the Individual’s Needs**  **Self-Care:** Click or tap here to enter text.  **Behavioral:** Click or tap here to enter text.  **Medical:** Click or tap here to enter text. | | |
| **Current Services** | | |
| Service Type/Provider of Service | Frequency/Duration | Funding Source |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Housing and Individual Support Needs** | | |
| Ambulatory  On-site Nursing Required  Behavioral Supports  Non Ambulatory Reason for On-Site Nursing: Describe behavioral support needs:  Other Accessiblity Needs Click here to enter text. Click here to enter text.  Explain: Click here to enter text.  Barrier Free  Dual Diagnosed  PICA  Hearing Impaired  Visually Impaired  Sexually Inappropriate  Megan’s Law  Specialized Diet  Aggressive to Others | | |
|  | | |
| **Guardian Signature: Date:** | | |

**Residential Transfer Referral (RTR) form and Cover Sheet**

**Instructions**

This form does not need to be used if the team has identified an alternate vacancy with the same provider.

If the residential provider has given notice that they intend to discharge the individual from the residential program, the provider should advise the individual/family and send the Notice to Discharge letter to [DDD.PPMU@dhs.state.nj.us](mailto:DDD.PPMU@dhs.state.nj.us) in accordance with the CCP Manual section 12.4.1. Await further direction from the SCU Monitoring Unit before submitting the RTR as described below.

If a residential transfer or initial out of home placement **for a CCP eligible individual** is requested, the SC/individual has choices:

1. Make direct referrals (use the RTR form as a cover sheet) to prospective providers identified by the individual, guardian, family OR by conducting independent research using the I-Record Provider Search located at  <https://irecord.dhs.state.nj.us/providersearch>.
2. *If* the SC also needs assistance in identifying potential referral opportunities known to DDD:
   1. complete the RTR form, ensure that the legal guardian has signed, and *upload* the form to iRecord. *Do not attach the form to the email*
   2. send an email to the [DDD.SCHelpdesk@dhs.state.nj.us](mailto:DDD.SCHelpdesk@dhs.state.nj.us) using this subject line: Residential Transfer Referral (ID#) (SCA). Also indicate in the subject line if the referral is urgent (impacting health/safety). A monitor will be assigned to guide you throughout the placement process, as needed. The monitor will provide the referral documents to CDU for upload to the secure server\*.

\*Effective December 2018, the DDD Community Development Unit (CDU) now has the capability to upload referral documents to a secure server called FTPS. Prospective providers can log in and download the referral documents for review. If the SC will be conducting independent referrals but would like to have the referral documents added to the server, follow step #2 above. In the email subject line to the SC Helpdesk write ‘Residential Transfer Referral (ID#) (SCA) FTPS only’. SC is responsible to provide any additional information which may be requested by the provider.

**SC will:**

* + **Facilitate all referrals**
  + **coordinate times for prospective providers to meet the individual and their guardian (referred to as Meet & Greet)**
  + **Facilitate pre-placement meeting**

\*A monitor will be assigned to screen the referral, provide initial guidance, and serve as the point person for questions throughout the process