

APSI OPTIONS COUNSELING VISIT FORM

General Information

Name of Individual:	Name of ICF:
Name of Protective Service Representative Conducting Visit:	
Date of Award:	Date of ICF Admission:
County of Residence:	Date of Placement on Waiver Waiting List:
Date of Current Visit:	Date of Previous Options Counseling:

Individual Preferences

Are you interested in the possibility of moving to a home in the community?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to live with other people or would you like to live alone?
<input type="checkbox"/> With other people <input type="checkbox"/> Alone
If you move, what kinds of things do you think you might need help with:
<input type="checkbox"/> Securing housing
<input type="checkbox"/> Choosing a provider
<input type="checkbox"/> Engaging in community inclusion activities
<input type="checkbox"/> Choosing work
<input type="checkbox"/> Choosing a medical services
<input type="checkbox"/> Other - Describe:
If the individual is not able to provide a verbal response, list any evidence you may be aware of from the person's life to relay their preferences:

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Input from QIDP

Does the individual need extra supports in any of the areas listed below:

Medical: ☐ Yes ☐ No

If yes, describe specific supports needed:

Behavioral: ☐ Yes ☐ No

If yes, describe specific supports needed:

Program: ☐ Yes ☐ No

If yes, describe specific supports needed:

If you responded yes in any area, do you feel the challenges are so significant that the individual could not be successful in a less restrictive placement?

☐ Yes ☐ No

If yes, describe specific challenges and why these needs could not be met in a less restrictive setting.

What is the discharge plan in place for this individual?

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Input from APSI Protective Service Representative

How long has APSI served as Guardian of Person for this individual?
Do you feel the needs of this individual (medical, behavioral, programming) could be met in a less restrictive setting? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide specific information based on APSI's overall knowledge of the individual to support your response:
If Applicable: How does the individual's family feel about the person potentially moving into the community?

Summary of Visit and Recommendation

Please briefly summarize your visit and discussion with the individual, and QIDP:
Please select one of the following recommendations: <input type="checkbox"/> The individual <u>IS</u> interested in a waiver <input type="checkbox"/> The individual <u>IS NOT</u> interested in a waiver <input type="checkbox"/> The individual <u>MAY BE</u> interested in a waiver

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PSR Signature

Date