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| --- | --- | --- |
| Participant Legal Name  | Participant Age  | Date request submitted to Division   |
| Participant Support Specialist  | Case Manager  | Waiver[ ]  Supports[ ]  Comprehensive |

**IMPORTANT:** No request for out of home residential placement will be considered without supporting documentation from professionals outside of the Developmental Disabilities system. The Division reserves the right to request the Department of Family Services (DFS) to conduct a review of the home situation.

A waiver participant who is not receiving 24-hour residential support but is at significant risk due to extraordinary needs that cannot be met in their current living arrangement may request Community Living Services (CLS) if the participant meets one of the criteria listed below.

**Select the most accurate description of extraordinary need and provide the required documentation. No request will be processed without the required documentation.**

[ ]  A substantial threat to a person’s life or health caused by homelessness or abuse/neglect that is either corroborated by DFS or Protection & Advocacy Systems, Inc.

**NOTE:** Homelessness, as defined in Chapter 46, Section 14 of the Department of Health’s Medicaid Rules, is a situation where, for a period of thirty days, a person lacks access to an adequate residence with appropriate resources to meet his or her support and supervision needs, and without such support, there is evidence of serious harm to the person’s life or health. Situations that would not qualify include living in a correctional facility, institution, nursing home, or residential facility, or having family members who no longer wish to be responsible.

* *Submit documentation from DFS, Developmental Disabilities Section, or Protection & Advocacy Systems, Inc.*

[ ]  Situations in which the person’s condition poses a substantial threat to a person’s life or health, and include documentation that waiver CLS services are the least restrictive, most appropriate solution.

* *Submit documentation from a licensed medical or behavioral professional explaining why, without CLS, the person’s life or health is in jeopardy.*

[ ]  Situations in which a person has caused serious physical harm to himself, herself or someone else in the home, or the person’s condition presents a substantial risk of physical threat to himself, herself or others in the home.

* *Submit documentation specific to the type of injury, including other agencies that have been involved.*

[ ]  Situations in which there are significant and frequently occurring behavioral challenges resulting in danger to the person’s health and safety, or the health and safety of others in the home.

* *Submit documentation specific to the type and frequency of behavioral challenges. Include information on other agencies and professionals that have been involved, and their contact information.*

[ ]  Situations in which there are significant and frequently occurring medical concerns resulting in danger to the person’s health and safety, or the health and safety of others in the home.

* *Submit documentation from a physician or medical professional explaining what has changed in this person’s situation that family and other supports can no longer meet this person’s needs.*

[ ]  Situations in which there has been a loss of primary caregiver due to caregiver’s death, incapacitation, critical medical condition, or inability to provide continuous care.

* *Submit documentation from a professional from the medical field, DFS, or a professional from the mental health field explaining why the historical caregiver can no longer provide care.*