

Name _____

Change in Residential Placement Consideration Meeting Form

Date, Time & Location of Meeting _____, _____ & _____

Who was contacted to attend the Residential Placement Meeting?

Name	Relation to Individual	Date Notified	USPS	Email	Face 2 Face	Team Mtg	Attended

(include family, providers, MD, home health, the individual)

How was this issue of changing the Residential Placement Meeting initiated and what was the reason/concern for potential move?

Other Reasons/Concerns Noted

How much help does the individual need and in what area(s)? Address functionally

Does this individual currently have assistance or accept assistance in the identified area(s)? explain

Does the individual currently have services/help or have an MD order to receive other helps?

Are there any reports /evals that identify/recommend housing?

Report	Completed by	Date Completed	Score	Recommendation/Interp.

Reports can include: FL2, Psychiatric Evaluation, Psychological Evaluation, Mini-Mental Status, Montreal Cognitive Assessment, Guardianship Capacity Questionnaire, Innovations Risk/Needs Assessment.

Summary of evals:

What is the recommendation from the individuals in the meeting?

Which option is the most affordable?

Plan:

Description	Responsible Person	Target Date

Next meeting?

I have participated in this meeting to discuss the potential of a change in Residential Placement.

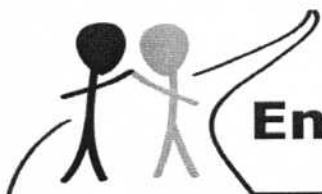
Name Printed	Plan	Signature	Relation
	<input type="checkbox"/> I agree with plan <input type="checkbox"/> I disagree with plan <input type="checkbox"/> I understand plan		
	<input type="checkbox"/> I agree with plan <input type="checkbox"/> I disagree with plan <input type="checkbox"/> I understand plan		
	<input type="checkbox"/> I agree with plan <input type="checkbox"/> I disagree with plan <input type="checkbox"/> I understand plan		
	<input type="checkbox"/> I agree with plan <input type="checkbox"/> I disagree with plan <input type="checkbox"/> I understand plan		
	<input type="checkbox"/> I agree with plan <input type="checkbox"/> I disagree with plan <input type="checkbox"/> I understand plan		
	<input type="checkbox"/> I agree with plan <input type="checkbox"/> I disagree with plan <input type="checkbox"/> I understand plan		

Seeking Residential Placement Form

This is a registry of all those placements sent information seeking residential placement for

_____.

Date	Facility	Facility Staff spoken to	Phone # called	Fax Number	Date Faxed	Response



Empowering Lives

Guardianship Services, LLC

Mailing Address:
PO Box 20786
Winston-Salem, NC 27120-0786

Winston-Salem Office: Behavioral Health Plaza, G17 725 N. Highland Ave.
Raleigh Office: Pinewood Building, Suite 202 1001 Navaho Drive

Fax (855) 771-8948
Winston-Salem: (336) 714-9790
Raleigh: (919) 799-2223

Visitation Off-Campus/Without Supervision Form

Individual leaving staff presence: _____

Individual providing transportation: _____

Address: _____

Phone(s): _____

Email: _____

Attach copy of: Driver's License Vehicle Registration Auto Insurance

verified all are active by looking at forms

Where will the individual be going? _____

If going to a private location (i.e. home) provide address: _____

When will the individual return to staff and where will return take place? _____

If the individual providing transportation is not the person who will be responsible for the individual, please complete the following:

Responsible Individual: _____

Address: _____

Phone(s): _____

I, _____, completed this form and gave the bottom information to the Responsible Person for the unsupervised visit. _____

Staff Signature and Date

.....
This individual has been adjudicated incompetent under NC General Statute 35A and cannot be left alone or to their own devices when with you. You are expected to return the individual as scheduled and verify that they take any medications as prescribed. Please note, that if you are unable to return the person as scheduled, you are to contact the staff/provider of residential supports prior to the scheduled return at _____.

If there are concerns or emergencies when this individual is with you, please notify Empowering Lives Guardianship Services Crisis Line at 336-655-2580 immediately.