



Residential Services Screening

Please fax or email all referrals to 919-865-8721 or housing@eastersealsucp.com

Easter Seals staff will contact you after the screening form has been reviewed. Thank you for contacting us.

Personal Information

Name:
Address:
Phone Number:
DOB:
Living Situation:
Medicaid/Medicare/Private Insurance #'s:
Medicaid County:
Guardian (if applicable):
Guardian Number:
Physician Name & Number:
Name of person completing form:
Number and email of person completing:
Payee Information:

Requested documentation

Documentation which can be attached for review will assist our team in reviewing the application. Some information will be required prior to acceptance into our residential facility. Please mark as appropriate.

CCA < 2 yrs old	<input type="checkbox"/> Yes <input type="checkbox"/> No	I/DD Hospital records	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCA addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological testing records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health treatment records	<input type="checkbox"/> Yes <input type="checkbox"/> No	IQ testing records	<input type="checkbox"/> Yes <input type="checkbox"/> No
MH Hospital records	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical records	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/DD treatment records	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Briefly describe the current presenting issues



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Indicate which Mental Health Group Homes (GH) you are interested in.

Any Available		Ashlyn GH Concord		Northridge GH Marshville	
Edgewood GH High Point		Brentwood GH High Point (male)		Northwood GH Morganton	
Waverly GH Albemarle		Park Vista GH Waynesville		Holly Ridge GH Lenoir	
Willow Place GH West Jefferson					

Indicate which Mental Health Apartments (Apts) you are interested in.

Hannah Lane Apts Rocky Mount		Park Ave Apts Wilson		Fikewood Apts Wilson	
N Wilson Street Apts Chadbourn		Fairview Drive Apts Lenoir		Burkett Ave Apts West Jefferson	
Peace St Apts North Wilkesboro		Lenoir St Apts Morganton		Winkler's Meadow Apts Boone	
Shepherd House Apts Greensboro		Cindy Lane Apts Waynesville			

Indicate which I/DD group homes (GH) or Apartments (Apts) are interested in.

Any Available		Bass Lane GH Charlotte (male)		Commonwealth GH Charlotte (female)	
Lithia Inn GH Lincolnton		Elizabeth GH Dallas (female)		Timber Ridge GH Monroe (male)	
Hilltop GH Greensboro		Ashcraft GH Charlotte (male)		Bragg St GH Wilson (male)	
Tilghman GH Wilson (male)		Gold St GH Wilson (female)		Pineview GH Wilson (female)	
Snow Hill GH Snow Hill		Shady Grove GH Snow Hill (male)		El Ogden GH Wilmington (male)	
Springview GH Wilmington(female)		Camelot GH Greenville (female)		Wimbledon GH Greenville (male)	
Halifax County GH Roanoke Rapids (Female)		Zebulon GH Zebulon (Male)		Ben Lloyd GH Raleigh (Female)	
Sanford GH Sanford		Selma St Apt Wilson		Third St Apt Snow Hill	
Oak St Apt Roanoke Rapids					



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Current Mental Health and/or I/DD Diagnosis

Current Medical Diagnosis

Please list all medications you are currently taking. If more space is needed, add pages at the end of referral.

Prescription name	Dosage	For	How often	Start Date	Prescriber

Hospital Admissions

Hospital	Date	Reason for Admission



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Current Mental Health or I/DD Treatments and Providers

Treatment	Provider

Substance Use, Current or History: Yes No

Substance	Date of last use	Treatment	Provider

Please indicate if any of the below are current or past concerns

Trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexually reactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Running away	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bullying others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verbal aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No

Criminal History: Yes No

Conviction Date	Charge

Independent Living Skills referral is able to complete on their own

Skill	Yes	No	With help
Bathing			
Toileting			
Dressing			
Money Management			
Basic Housekeeping			
Cooking			



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Does the referral have a job, volunteer obligations, a weekly spiritual attendance, or other similarly scheduled items?

Activity	Day(s)	Time

What strengths does the referral have?

What are the basic goals of the referral?

Thank you for completing our referral application for Residential Services with Easter Seals. Please review the application and assure we have the necessary information to contact you.



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ESUCP Staff Only on this page

Date Received:

Review Date:

Date entered into Welligent:

Received by:

Names of reviewing Team Members:

Final Disposition: Accepted Declined Waitlisted If accepted, where to?

Disposition Notes:

Date referral was contacted:

Who contacted referral:

Referral closing date: