

SMRH Service Request Form

Consumer Information

Consumer Name: _____ Birth Date: _____
Street Address: _____ City: _____
County: _____ Zip Code: _____
Medicaid Number: _____ SSN: _____
Phone Number: _____ Fax Number: _____
E-Mail: _____

Developmental Disability Diagnosis: _____

Level of Mental Retardation:

Severe Profound Moderate Mild Borderline N/A

Does the person have a current mental health diagnosis? Yes No

Mental Health Diagnosis: _____

Does the person have a current Person Centered Plan (PCP)? Yes No PCP Date: _____

Does the person have an HCBS Plan of Care? Yes No

Current Medications, Dosage/Frequency and Purpose:

Medical Issues:

Current placement and history of previous placements:

Has he/she hurt someone? Yes No Has he/she hurt self? Yes No

Parent/Guardian Information

Parent/Guardian Name: _____
Street Address: _____ City: _____
County: _____ Zip Code: _____
Medicaid Number: _____ SSN: _____
Phone Number: _____ Fax Number: _____
E-Mail: _____

Agency Information

Is a Community Developmental Disabilities Organization (CDDO) involved? Yes No

CDDO: _____

Is there a current Developmental Disability Profile (DDP) or BASIS? Yes No

Community Service Provider: _____

Case Manager's Name: _____

Case Manager's Office Address:

Street Address: _____ City: _____ Zip Code: _____

1st Phone Number: _____ 2nd Phone Number: _____

Fax Number: _____ E-Mail: _____

Date QEC was contacted by CDDO: _____

QEC Name: _____ Phone Number: _____

Fax Number: _____ E-Mail: _____

Is the individual currently receiving mental health services Yes No

CMHC: _____ CMHC Case Manager: _____

Other mental health services: _____

Person Making Contact

Contact Name: _____ Phone Number: _____

Affiliation: _____

Agency requested: KNI PSH&TC

Requested service(s) (one or more):

Admission Behavioral/Psychiatric Consultation Dental

Emergency Respite Care Medical Consultation

DDT&TS: Outreach Consultation Inpatient Training

Evaluation/Assessment:

Medication OT/PT/Adaptive Equipment

Psychological Speech/Hearing

Other service(s) requested:

Notes on service(s) requested: _____

Date of Request: _____