DEPARTMENT OF HUMAN SERVICES

DHS-7418-ENG 6-19

DISABILITY SERVICES DIVISION

Notification of Residential Placement

Counties of financial responsibility use this form to alert another county when a person decides to move there to receive residential services. For more information about this process, see CBSM – Host county notification.

Lead agency information

CASE MANAGER NAME	PHONE NUMBER	DATE
CASE MANAGER EMAIL	HOST COUNTY NAME	FAX NUMBER

Is the person moving to previous placement after an institutional placement of less than 90 days?

◯ Yes (if yes, you do not need to complete this form) ◯ No (if no, submit this form to the host county)

Is the person moving to another county but with the same residential provider?

◯ Yes (if yes, submit this form to the host county) ◯ No, not applicable

Person's information

NAME	PMI NUMBER	PHONE NUMBER
GUARDIAN/LEGAL REPRESENTATIVE/CONSERVATOR NAME (if applicable)		PHONE NUMBER
PROVIDER NAME	DATE OF ADMISSION	PHONE NUMBER

STREET ADDRESS	CITY	STATE	ZIP CODE

Plan information

What is the planned frequency of case manager contact?

☐	Semi-annually?	If yes, how will that contact take place?	◯ Face-to-face	◯ Over the phone
☐	Quarterly?	If yes, how will that contact take place?	◯ Face-to-face	◯ Over the phone
☐	Monthly?	If yes, how will that contact take place?	◯ Face-to-face	◯ Over the phone

Explain the plan to support the person's choices for their housing and services:

Is this placement short-term? ◯ Yes ◯ No

If yes, when will the housing plan be reviewed? ☐ Six months ☐ Three months ☐ One month

Diagnosis and needs

PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS

Is there a need for 24-hour staffing/supervision?	◯ Yes ◯ No
Is there a need to manage mental health symptoms?	◯ Yes ◯ No
Is there a behavioral intervention plan?	◯ Yes ◯ No
Is there a plan for independent living skills training?	◯ Yes ◯ No
Are there any complex health needs?	◯ Yes ◯ No

Signature and comments

CASE MANAGER SIGNATURE	DATE

Host county comments