

APSI Options Counseling Form

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General Information

Name of Individual:

Your answer

Date of Birth:

Date

mm/dd/yyyy

Date APSI Became Guardian:

Date

mm/dd/yyyy

APSI Region:

Choose

PSR Conducting Visit:

Your answer



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Individual's Preferences

Are you interested in the possibility of moving to a home in the community? (Provide educational material to individual)

☐ Yes

☐ No

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Would you like to live with other people or would you prefer to live alone?

☐ With other people

☐ Alone



If you move, what kinds of things do you think you might need help with?

- ☐ Securing housing
- ☐ Choosing a provider
- ☐ Engaging in community inclusion activities
- ☐ Choosing work
- ☐ Choosing medical services
- ☐ Other

If 'Other', please describe:

[Edit this form](#)

Your answer

If the individual is not able to provide a verbal response, list any evidence you may be aware of from the person's life to relay their preferences:

Your answer

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Input from QIDF

Does the individual need extra medical support?

☐ Yes

☐ No

If yes, describe specific supports needed:

Your answer

Does the individual need extra behavioral support?

☐ Yes

☐ No

If yes, describe specific supports needed:

Your answer

Does the individual need extra program support?

☐ Yes

☐ No

If yes, describe specific supports needed:

Your answer

Are there significant challenges that you believe prohibit less restrictive placement?

☐ Yes

☐ No

If yes, describe specific challenges and why these needs could not be met in a less restrictive setting:

Your answer

What is the discharge plan in place for this individual?

Your answer

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Input from APSI Protective Service Representative

Do you feel the needs of this individual (medical, behavioral, programming) could be met in a less restrictive setting?

☐ Yes

☐ No

Please provide specific information based on APSI's overall knowledge of the individual to support your response:

Your answer

If Applicable: How does the individual's family feel about the person potentially moving into the community?

Your answer

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* Required

Summary of Visit and Recommendation

Please briefly summarize your visit and discussion with the individual, and QIDP:

Your answer

Please select one of the following recommendations: *

- ☐ The individual IS interested in a waiver (or appears to be)
- ☐ The individual IS NOT interested in a waiver (or appears not to be)
- ☐ The individual MAY BE interested in a waiver (or appears to be)

☐ Send me a copy of my responses.

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SUBMIT

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