

Pre-Admission Evaluation Form

Individual Information			
Individual Name:		Birth Date:	
Street:		City:	
Residence County:		Zip:	
Medicaid Number:		SSN:	
Home Phone:		Cell Phone:	
Guardian Information			
Guardian Name:			
Street:		City:	
County:		Zip:	
Phone Number:		Cell Number:	
Email:			
I verify that I am considering accepting the next available placement opportunity at _____.			
Individual/Guardian Signature: _____ Date: _____			
Proposed ICF Provider Information			
ICF Name:		Certified Capacity of ICF:	
Contact Person:			
Street:		City:	
County:		Zip:	
Phone:		Email:	
Anticipated Vacancy Date:		Date of Referral to County Board:	
County Board Pre-Admission Evaluation			
Name of County Board Representative:			
Date Referral Received:		Date of Evaluation:	

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Name and relationship of those attending the meeting: (Face-to-Face assessment of the individual seeking services is required)

List the person's preferences in the five areas below:

1. In what type of setting does the person want to live?
2. With whom does the person want to live?
3. What work or other valued activity does the person want to do?
4. With whom does the person want to socialize?
5. In what social, leisure, religious or other activities does the person want to participate?

What community-based supports need to be in place to meet these identified needs/preferences?

	Available Now	Referral Needed
Unpaid Supports		
Privately Paid Supports		
County Board Supports		
Other Community Resources		
State Plan Services		
Waiver		

List all community options provided to this person/guardian/support network. Include method of presentation.

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What strengths/resources does the person have that could contribute to his/her success in the community?

What are the barriers to the person's successful community living?

State/list efforts to remove the barriers noted above.

What supports were in place before referral and what were the reasons they were not successful?

In what ways are ICF services the most appropriate and least restrictive way to meet the person's lifestyle preferences and needs?

At this time, is the county board recommending an ICF as the least restrictive environment for this person? Explain: