

COMMUNITY HABILITATION JUSTIFICATION- 12/6/11

NAME:

TABS #:

When requesting Community Habilitation service, please complete the following questions with individual and family members, and attach a complete ISP, DDP1, and transmittal form with this Community Habilitation Justification form.

1. Briefly state your primary concern:
2. What is happening in your life that is causing you to feel that you need Community Habilitation?
3. What result are you trying to achieve?
4. What are the barriers to achieving this?
5. What objective information can you share to demonstrate your need for Community Habilitation?
6. Are there services and /or natural supports currently in place to address the concern? Describe how the services are working or could be altered to meet the outcome?
7. What informal support or community resources are available to assist the individual in achieving the outcome?
8. What has been tried in the past? Why was this not effective?
9. List any and all other options to meet the outcome and address the concern?
10. Provide information on emergency needs – for example: imminent loss of residence, significant health issues, CPS/APS/Court involvement, caregiver illness or death.
11. Number of adults in home
12. Number of children in home Ages:
13. Does anyone else in the home receive services? Specify
14. Number of Community Habilitation hours per week being requested.
15. Date and Time preferred for services.

Submitted by (print name) Date Agency
Phone Number _____