



**Detroit Wayne
Integrated Health Network**
Residential Services Department
707 W. Milwaukee St.
Detroit, MI 48202-2943
Office: (313) 989-9513
Fax: (313) 989-9525
[residentialreferral.@dwihn.org](mailto:residentialreferral@dwihn.org)
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

To: DWIHN Clinically Responsible Services Providers
Date: Monday, June 28, 2021
Re: Fillable Residential Referral Checklist Form

The attached **DWIHN Residential Referral Checklist Form** as it is now a FILLABLE (.pdf) document!

This form is required to be completed in its entirety (instructions on Page #2) by the direct contact person to accompany the clinical packet. Please distribute the updated form for staff, discarding all versions dated prior to 6/22/21.

Updates include (Page #3):

- Update #1 Identifies the referral by Aging-Out Youth from DHHS Foster Care or client's under Self-Directed services (IDD clients only)
- Update #2 Clinical Summary Documentation (can include most recent IPOS, psychological evaluation (PE), biosocial assessments (BioS), and crisis plans, and a copy of client's COVID-19 Vaccination Card)
- Update #3 Client's CVD-19: Test Results and Vaccination Dates
- Update #4 Request Summary section is now a fillable box to enter up to for listing reason of referral being submitted (up to 300 characters).

Thank you.

DWIHN Residential Services Department

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Instructions to Complete Form

Request Date	Submission Date to Residential Services department via fax (to 313-989-9525); or email (to <i>residentialreferral@dwhn.org</i>)
Direct Contact Name	Name of Primary Contact for referral
Direct Contact Number	Primary Contact's Phone Number
Referral Facility	Referral Location/Facility
Email	Direct Contact's Email Address
Consumer Name	Available in DWIHN System ID#
DOB (Date of Birth)	(if unknown, leave blank)
MHWIN ID#	<i>**Do not list Medicaid ID, per HIPAA compliance.**</i>
Anticipated Discharge Date	Utilized for hospital referrals or consumer discharge notifications (i.e., emergency, or 30-day discharge notices)
Disability Designation	Selecting designation of AMI, IDD, DHHS (Aging Out), or <i>Self-Directed</i> (only used for IDD Clients)
Type of Placement Requested	Select all that apply <i>**Final determination upon completion of residential assessment.**</i>
Benefits Verified	Select all that have been <i>verified</i> (if unknown, leave unchecked)
Clinical Packet Checklist	Checking off <u><i>only the documentation to accompany completed checklist form</i></u> for request review
Request Summary	Explanation of referral submission, allowing up to 300 characters for entry. <u><i>**REQUIRED FIELD**</i></u>
Designated CRSP (Clinically Responsible Service Provider)	Available in MHWIN System (if unknown, leave blank)
LOCUS Score	To be completed by designated CRSP only, if available.
Scheduled Follow-up Appointment (Post Discharge) Date & Time	To be completed for hospital referrals discharges only.



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Specialized Residential Referral Checklist

Request Date: _____

Direct Contact Name: _____

Direct Contact Number: _____

Referring Facility: _____

Email: _____

Consumer Name: _____

DOB: _____

MHWIN ID#: _____

Anticipated Discharge Date: _____

Disability Designation: IDD

AMI

Update #1

DHHS Youth Age-Out

Self-Directed

Type of Placement Requested:

Pre-placement

Semi-Independent Living

Specialized AFC

CLS Services in Own Home

Benefits Verified:

Medicaid

Medicare

SSI/SSD

No Income

Update #2

Clinical Packet Checklist:

IPDS/Clinical Summary (PE, BioS, Crisis Plan, etc.)

Face Sheet

Guardianship Documentation

Current Physicians' Orders/Labs

Health Risk

Medication List

Medical Concerns/Physical Limitations

COVID Vaccination Card

COVID-19 Test Result:

Positive

Negative

COVID-19 Vaccination Dates:

Date of Shot #1: _____

Date of Shot #2: _____

Update #3

Request Summary (Reason for submitting referral):

Update #4

Designated CRSP: _____

LOCUS Score: _____

Scheduled Follow-up Appointment (Post Discharge) Date: _____

Time: _____

****Please discard all versions dated prior to 6/22/21 (indicated here).****

DWIHN Revision: 06/22/2021_SW