



# DWIIHN SD Referral Checklist

New Hire ORR must be completed 30 days and other trainings 60 days after being hired (signing Employment Agreement).

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Support Coordinator: \_\_\_\_\_ CRSP: \_\_\_\_\_

DWIIHN Member: \_\_\_\_\_ ID #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Legal Representative: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Check all that apply:

- ☐ A new Self-Directed arrangement ~SD Welcome Meeting is needed (if done, SD Agreement date \_\_\_\_/\_\_\_\_/\_\_\_\_)
- ☐ Member/family wants to directly manage their staff through an individual budget.
- ☐ Member/family wants staff through a contracted Agency. (If checked, contact [Selfdetermination@dwihn.org](mailto:Selfdetermination@dwihn.org) to confirm this form is needed)
- ☐ Member is replacing previous staff/agency    ☐ Member is adding another DSP/Agency
- Additional information needed for the SD Arrangement: \_\_\_\_\_

## TYPE OF SUPPORTS

FMS AGENCY: \_\_\_\_\_

Provider Agency: \_\_\_\_\_ Contact #: \_\_\_\_\_ Eff. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Direct Hire Staff (name and email) : \_\_\_\_\_ Contact#: \_\_\_\_\_

## FMS WILL COMPLETE THE SECTION BELOW FOR DIRECT HIRES

DATE	Background Checks/Information (Employment Agreement completed after <i>checks</i> )
_____	Criminal Record Check (Before hire & annually) additional checks if working with children.
_____	Office of Inspector General (Monthly)
_____	Michigan Driver License (Annually if transporting the person)

	<u>Trainings; ORR 30-days/60-days for other trainings after hire date/Employment Agreement</u>
_____	First Aid (2 years)
_____	Emergency Preparedness (all, 2 years)
_____	Universal Precautions/Bloodborne Pathogens/Infection Control (2 Years)
_____	Recipient Rights- one time face-to-face (One time only) _____ ORR updates (Annually)

## Required if Medication is put in your plan (Both offered by CLS & LIVE In-Person Training)

_____	Initial DCH Approved Medication Administration Training (One time only)
_____	Medication Administration Competency Review Annual Training (Annually)

## Verification in MHWIN

_____	Backup plan verified in MHWIN (Initial or if changed)
_____	Inservice/training of IPOS in MHWIN (Initial and Annually) SC or trainer (must already be in-serviced)
	has to ensure there is a start and stop time on the Training Log for staff payment.

Date of Hire: \_\_\_\_\_ Direct Hire Wage: \$ \_\_\_\_\_

I verify that the above information is accurate and available in the employee's record files.

FMS Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to DWIHN Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_