



DWIIHN SD Referral Checklist

All training must be completed as a pre-condition for employment based on date of hire and then updated annually unless stated otherwise.

Support Coordinator: _____ CRSP: _____ Date: ____/____/____
DWIHN 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 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 Support Professional (DSP): _____ Contact#: _____

THIS SECTION TO BE COMPLETED BY THE FMS FOR DIRECT HIRES

DATE	Background Checks/Information <i>(Required at time of hire or prior to hire)</i>
_____	Criminal Record Check (Prior to hire and annually)
_____	Office of Inspector General (Monthly)
_____	Michigan Driver License (Annually if transporting the person)
_____	<u>Trainings <i>(Required at time of hire and updated thereafter)</i></u>
_____	First Aid (2 years)
_____	Emergency Preparedness (all, 2 years) _____ CPR (2 years- CWP only)
_____	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)

Date of Hire: _____ **Direct Hire Wage:** \$ _____
(after making a conditional/contingent offer of employment to the candidate and prior to the candidate providing services to the person)

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: _____