House Mate Matching

Support Coordinator – complete items in Green and send to (PPSV address) Receiving Provider – Complete items in Blue and return to (PPSV address)

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| **Name of Individual:** | | | | | | | | | |
| **Region of Origin:** | | | | | |  | | | |
| **Support Coordination Agency:** | | | | | | **Support Coordinator:** | | | |
| **Is Individual Employed?** | | | | | | **Place of Employment:** | | | |
| **Does Individual Attend a Day Program:** | | | | | | **Name and Address of Day Program:** | | | |
| **Medical Conditions:** | | | | | | **HRST Level:** | | | |
| **When was the last admission to Emergency Room?** | | | | | | **Number of Critical Incident Reports regarding individual:** | | | |
|  | **Was the move and the receiving provider discussed with the RSA or PLA Supervisor of the receiving region PRIOR to discussing the new provider with the** | | | | | | | |  |
| **individual and/or family?** |  | | | | | | | |
| **Pre-Placement Questions:** | | | | | | | | | |
| Who initiated the request to move? | | |  | | | | | | |
| Why is the individual moving? | | |  | | | | | | |
| Where is the individual moving from? | | | Provider Name: Provider Address: Or Home Address: | | Where is the individual moving to? | | | Provider Name: Provider Address: | |
| Does the individual have a Behavior and/or  Safety Plan? | | | Yes No | If yes, who is the Behavior Support Provider? | | | | | |
| Have the new agency staff members been trained on the BSP and/or Safety Plan? Is the training log uploaded? | | |  | | | | | | |
| Who are the agency’s behavior staff?  (BS, BCBA) | | |  | | | | | | |
| Does the individual have a Healthcare Plan? | | | Yes No |  | | | | | |
| Have the new agency staff members been trained on the current ISP?  How is the training documented? | | |  | | | | | | |
| Does the individual require enhanced support or AS? | | |  | | | | | | |
| What is the agency’s plan if the individual has  to move again? | | |  | | | | | | |
| Is this a region to region transfer? | | | Yes No | | If yes, From Region To Region | |  | | |

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| **Housemate Matching Questions (for the Individual):** | | | | |
|  | Individual | Prospective Housemate #1 | Prospective Housemate #2 | Prospective Housemate #3 |
|  | Person’s Initials: | Person’s Initials: | Person’s Initials: |
|  |  |  |  |  |
| Do you want housemate/s near your own age, or does it matter? |  |  |  |  |
| Do you prefer quiet or is it okay if your housemate/s like to play music or tv? |  |  |  |  |
| What do you like to do? (sports, watch tv, play board games, cook, shop, walk in neighborhood, etc.) |  |  |  |  |
| What are some things that are important to you? |  |  |  |  |
| What are some special things you want others to know about you? |  |  |  |  |
| Do you like to go to bed early or stay up late? Does it matter if your housemate does not go to bed at the  same time as you? |  |  |  |  |
| **Housemate Matching Questions (for Support Coordinator/Family Member):** | | | | |
| Describe the qualities of someone who would make a good housemate for this individual based on your  knowledge of individual’s history. |  |  |  |  |
| Are there potential issues regarding the individual residing with a person  of another age, culture, or gender? |  |  |  |  |
| What factors contribute to stress or anxiety for the individual? |  |  |  |  |
|  | Individual | Prospective Housemate #1 | Prospective Housemate #2 | Prospective Housemate #3 |
| Will enhanced staffing levels in the home feel intrusive to the individual who may not need that level of  support? |  |  |  |  |

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| **Pre-Placement Questions:** | | | | |
| Has the individual or family visited the home? | Yes No | If yes, date of visit |  |  |
| Has the individual met prospective housemates? | Yes No | Are all individuals in agreement with being  housemates? | Yes No |  |