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/orSafety 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 hasto 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 thesame 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 yourknowledge of individual’s history. |  |  |  |  |
| Are there potential issues regarding the individual residing with a personof 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 ofsupport? |  |  |  |  |

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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 beinghousemates? | Yes No  |  |