



CERTIFIED RESIDENTIAL OPPORTUNITIES RESIDENTIAL SCREENING REPORT

Instructions: as indicated in the Protocol for Certified Residential Opportunities, the Residential Provider must complete this form after a face-to-face interview with the individual and submit to the regional office at the address indicated below.

Individual Screened: Screening Date: Need Category :

Screening Agency: Screening Staff Contact Name: Phone Number: Email:

Site Individual Screened For : Service Coordinator Name: Phone Number: Email Address:

SCREENING OUTCOME

Appropriate

- Submit Residential Approval Request Form
Ensure Due Process Occurs

Indicate planned placement date:

Not appropriate (must indicate reasons below)

- 1) Indicate specific reasons why:
2) If individual is NOT considered appropriate for THIS vacancy, what other sites might he/she be considered for?

Additional Comments (attach additional pages as appropriate):

Name & Title of Residential Staff Completing Form: Date:

Submit form to: OPWDD Certified Residential Opportunities Team

THIS SECTION TO BE COMPLETED BY CRO TEAM

CRO Team Staff Reviewing Screening Form: Date:

Screening outcome accepted

Screening outcome not accepted

Rationale:

If screening outcome is not accepted, CRO Team will contact provider to discuss follow-up.