



Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)

CSIDD Referral Information:

Table with fields: Individual's Name, TABS ID, Date of Referral, Medicaid CIN, Gender, Date of Birth, Age.

Referral Contact Information:

Table with fields: Referred By, Referral Relationship/Agency, Referral Phone, Referral Email.

Primary Caregiver:

- Parent, Other Family Member, Paid Support Staff, Self, Guardian, Other:

Table with fields: Caregiver Name, Relationship, Caregiver Address, Caregiver Phone, Caregiver Email.

Current Setting:

- Assisted Family Living, Community ICF, Family Home, Group Home, Homeless, Independent Living, Jail, Psychiatric Hospital, Supervised Apartment, Supported Living, Other:

Table with fields: Residence Address, City/State/County, Zip Code.

Presenting Problem(s) at Time of Referral:

- Aggression, At risk of losing placement or service(s), Cannot achieve stability, Diagnosis and treatment plan assistance, Family needs assistance, Needed Service is Unavailable, Recent Psychiatric Hospitalization (Date: _____)

- Recent Emergency Dept Visit (Date: _____)
- Self-Injurious
- Sexualized Behavior
- Suicidal Ideation/Behavior
- Transition from Hospital
- Other:

Potential Cause(s) of Presenting Problems at Time of Referral:

- Changes in staffing
- New Living Situation
- Illness or Death of a Loved One
- New Medication / Medication Change
- New or Changes to CSIDD Treatment Plan
- Suspected Abuse
- Change in service providers (Doctors, Therapists, Teachers, etc.)
- Change in Routine
- Other:

Brief Summary:

The summary must include, but not limited to:

- Describe of the individual's behavior and overall functioning in their current setting
- Describe the symptoms and concerns as well as frequency and intensity of displayed symptoms
- Examples of interventions used and their effectiveness
- Describe history of psychiatric hospitalization admissions as well as Emergency Department usage.
- Identify why the individual and their support system would benefit from this short-term, intensive service.
- Describe in detail the discharge plan including living situation and services expected to be in place upon discharge.

Please attach additional pages as necessary.