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| **Case Manager Information** |
| Name:       | Date:       |
| Email:       | Phone #:       |
| Branch#:       |  |
| Call case manager before contacting: [ ]  | **Task List attached** [ ]  |

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| **Consumer Information** |
| Name:       | Phone #      |
| Address:       |
| CE Representative       | CE Rep. Primary Contact? [ ]  |
| **737 Form Signed?** [ ]  |
| Preferred language or ASL?       | Pronoun (optional)       |
| Accommodation Needs:        | Meeting Preferences:       |
| Prime #      | **Program Type**:  |
| # of hours per pay period:        |  |
| Communication preferences/needs:       |  |

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| **Consumer Home Environment** |
| Concerns:       |

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| **Discussion Topics** |
| New Consumer or Representative [ ]  | Review Employer Responsibilities [ ]  |
| Overview/Review [ ]  | Transitioning from facility, etc.? [ ]  |
| Hiring [ ]  | Terminating [ ]  | Use current referral system [ ]  |
| Back-up Planning [ ]  |
| Boundaries[ ]  |
| Details of boundary issues       |
| Understanding task list limitations versus work requests? [ ]  |
| Examples of work requests?       |
| Scheduling multiple HCWs [ ]  | How many?       |
|  |
| Maintaining a respectful and harassment free workplace [ ]  |
| Details:       |
|  |
| Other issues not listed       |
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| Send Referral to:  |
| Consultant       | Phone #       |
| Email Address:       |