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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |  | | |

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

|  |  |  |
| --- | --- | --- |
| **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 | | |
|  | | |

|  |  |
| --- | --- |
| Send Referral to: | |
| Consultant | Phone # |
| Email Address: | |