DMCPS Referral for Adult LTC   (Part I)

To determine if a young adult may be eligible for long-term care services because she/he has a severe developmental or physical disability, please complete this form below.

Please send form when:
- Young adult is a least 17.5 (assessment will occur approximately 3 months prior to 18th birth date)
- **Guardianship court date is established, if young adult needs a guardian.**

   DO NOT SEND REFERRAL if the plan is to extend CHIPS or Delinquency Order to age 21.

Customer Name:_____ Date of Birth:_____

Current Placement: Foster Care____   Group Home ____   Institution ____   Placement Date: _____

Name of current residential facility or provider: _____
Contact person: _____   Phone Number: _____
Address:_____ City_____ Zip Code_____

Current School:_____ Type of Program: _____
Current Grade Level:_____   Name of Teacher:_____ Phone:_____

Name of Significant Others /Relatives (support or emergency contracts):

   Name:_____ Phone:_____ Relation to client_____

   Name:_____ Phone:_____ Relation to client_____

Open DMCPS Ongoing Case: Yes____   No____   CHIPs Order Expiration Date: _____
 DMCPS Case Manager's Name:_____ Phone:_____
 DMCPS Supervisor's Name: _____ Phone: _____
 Agency Name: _____ Case manager's email address: _____

Open Wraparound Case: *Yes*___   No____   Delinquency Court Order: Yes___No____
Delinquency Order Expiration Date: _____
Wraparound Case Manager's Name:_____ Phone_____
Wraparound Supervisor's Name:_____ Phone_____
Agency Name: _____ Case manager's email address: _____

Do you feel the young adult will require a guardian when she/he turns 18? Yes____   No____
Name of Proposed guardian: _____ Phone_____
Guardianship Court Date: _____

Note: Milwaukee County Disability Resource Center may not assign referral request for assessment without a guardianship court date.

Major Presenting Problems/Additional Comments:

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To refer a young adult to Disability Resource Center there must be <u>attached documentation</u> of disability. A recent psychological evaluation must be included. Please ensure that any psychological testing and assessments performed yields an adult diagnosis. Check all that apply:

_____ Cerebral Palsy   _____ Autism   _____ Brain Injury
_____ Cognitive Delay (IQ below 70)   _____ Physical Disability   _____ Epilepsy

DMCPS (DRC Liaison) Name: _____ Phone: _____Date:_____

Wraparound (DRC Liaison) Name: _____ Phone: _____Date:_____

Send to: **Disability Resource Center of Milwaukee County, Attn: Priscilla Beadle, LTS Unit Supervisor. 1220 W. Vliet Street, 3rd Floor, Milwaukee, WI. 53205   or Fax to: (414) 289-8565**

Revised 2/14/18