Woollard Ipsen Management
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Medford, OR 97504
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Private Pay Request for Behavior Support Services

Person making the referral:	Title:	Date of request:
Email:	Phone number:	

Client name:	SS#:	Date of birth:
Client address:		
MD Name/Address/Phone:		
Diagnosis:		

Provider/family/friend information *(person at individual's home or who is involved in client's life/care that can set-up visits and provide information, if different than the requestor)*:

Responsible Party Name:	Relationship:	Phone #:
Address:	Care setting type:	

The Referral is being requested due to the following reason(s):

- ☐ Evicted or Adult Protective Service (APS) clients who are in a new "post crisis" placement and the provider/caregiver will need help to assure that the new placement is successful.
- ☐ Clients in a Community Based Care (CBC) setting who have received a move out notice or are facing eviction.
- ☐ Diversion clients who might need Behavior Support Services (BSS) to avoid nursing home placement.
- ☐ Any behaviors that are of concern: to the licensee, the caregivers or the responsible party.
- ☐ A client who is receiving mental health clinic services, such as medication management but the care provider needs help managing the client's behavior or mental health symptoms.
- ☐ A client who is receiving psychotropic medication for behavior but there is no behavior support plan in place.

(Continued on next page.)

☐ Memory care or special needs contractors who want consultation on a complex client.
☐ The in-home client or family requests the BSS.

☐ Other, please specify _____

Brief summary of specific client issues:

_____
_____
_____
_____
_____
_____

I have informed the following persons of this request *(check all that apply)*:

☐ ALF/RCF Administrator ☐ Client/representative
☐ Caregiver(s) ☐ The family *(if involved)* ☐ Doctor

Signature of person requesting referral: _____

Date: _____

Behavior Support Services use only
BSS referral/response: ☐ Accepted ☐ Pending/wait list ☐ Denied
If denied, reason for denial: _____ _____
_____ _____