NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

## CERTIFIED RESIDENTIAL OPPORTUNITIES

# H003-RESIDENTIAL SCREENING REPORT

**Instructions:** Voluntary and state operated residential providers must complete this form after conducting an in-person screening, video screening, or paper record review for a person and submit to the regional field office within 14 calendar days of completing the screening. Screenings should be in-person. If an in-person preliminary screen is not possible, virtual screenings may be used. If a virtual screening is also not possible a comprehensive review of the person's record may be used.

**Person Screened:**

**TABS ID:**

**Care Coordination Organization/referral source:**

**Care Manager/referral source name:**

**Phone Number:**

**Email Address:**

**Screening Agency:**

**Agency Contact Person for this Screening:**

**Phone Number:**

**Email Address:**

*Please add the contact information for the person completing this form if it is different from the person listed above who conducted the screening*

**Name of residential staff completing form:**

**Date:**

**Phone Number:**

**Email Address:**

**Submit form and any supporting documents to:**

OPWDD Certified Housing Team at the following mailbox:

Please Select

## Screening Information 1

**Screening Date:**
**Vacancy Type:**
**Operating Certificate #:**
**Vacancy Site Street Address:**

**City:** **State:** **Zip Code:** **County:**

**Region where the vacancy is located:**
**Anticipated vacancy date:**
**Type of screening:**

## Screening Outcome 1

### Appropriate

**1a)** ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

**1b)** ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

### Opportunity Not Appropriate

**2)** Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

### Undetermined

**3a)** ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

**3b)** ☐ Person was found appropriate but another person was selected for this vacancy:

## Screening Information 2

**Screening Date:**
**Vacancy Type:**
**Operating Certificate #:**
**Vacancy Site Street Address:**

**City:** **State:** **Zip Code:** **County:**

**Region where the vacancy is located:**
**Anticipated vacancy date:**
**Type of screening:**

## Screening Outcome 2

### Appropriate

**1a)** ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

**1b)** ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

### Opportunity Not Appropriate

**2)** Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

### Undetermined

**3a)** ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

**3b)** ☐ Person was found appropriate but another person was selected for this vacancy:

## Screening Information 3

**Screening Date:**
**Vacancy Type:**
**Operating Certificate #:**
**Vacancy Site Street Address:**

**City:** **State:** **Zip Code:** **County:**

**Region where the vacancy is located:**
**Anticipated vacancy date:**
**Type of screening:**

## Screening Outcome 3

### Appropriate

**1a)** ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

**1b)** ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

### Opportunity Not Appropriate

**2)** Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

### Undetermined

**3a)** ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

**3b)** ☐ Person was found appropriate but another person was selected for this vacancy:

## Screening Information 4

**Screening Date:**
**Vacancy Type:**
**Operating Certificate #:**
**Vacancy Site Street Address:**

**City:** **State:** **Zip Code:** **County:**

**Region where the vacancy is located:**
**Anticipated vacancy date:**
**Type of screening:**

## Screening Outcome 4

### Appropriate

**1a)** ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

**1b)** ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

### Opportunity Not Appropriate

**2)** Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

### Undetermined

**3a)** ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

**3b)** ☐ Person was found appropriate but another person was selected for this vacancy:

## Screening Information 5

**Screening Date:**
**Vacancy Type:**
**Operating Certificate #:**
**Vacancy Site Street Address:**

**City:** **State:** **Zip Code:** **County:**

**Region where the vacancy is located:**
**Anticipated vacancy date:**
**Type of screening:**

## Screening Outcome 5

### Appropriate

**1a)** ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

**1b)** ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

### Opportunity Not Appropriate

**2)** Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

### Undetermined

**3a)** ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

**3b)** ☐ Person was found appropriate but another person was selected for this vacancy:

| -----THIS SECTION TO BE COMPLETED BY CERTIFIED HOUSING TEAM----- | |
|---|---|
| **Housing staff reviewing screening form:** | **Date:** |
| ☐ **Screening outcome accepted** | |
| ☐ **Screening outcome has not been accepted because:** | |
| *Housing team has reviewed this screening form and will contact the provider to discuss follow up details, if necessary* | |